California - Child and Family Services Review

System Improvement Plan

01/02/2016 – 01/02/2021

CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

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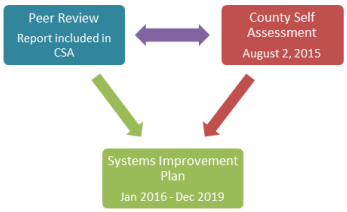
Introduction

Contra Costa County is located in Northern California across the San Francisco bay and is considered the northern portion of the East Bay region. Contra Costa is considered a large county in California. In population it is the ninth largest county and in geographical area, the 9th smallest county. The county seat is located in Martinez, CA. Geographically the county is divided into 3 areas, referred to as East, Central and West County. West County has traditionally been more urbanized, Central County is suburban, and historically rural East County is the fastest growing part of Contra Costa and now very suburban. The total county population continues to increase and is now well over one million people. The population has grown about 15% in 14 years and the increase has been steady each year; Contra Costa, along with San Joaquin, Monterey, Santa Clara, Yolo and Alameda counties had the largest percentage increases in population, each growing 1.3 is one of (*State of California, Department of Finance, E-2. California County Population Estimates and Components of Change by Year – July 1, 2010 – 2015, December 2015)* Total population in 2014 is 1,102.416. As part of the California CFS Case Review (C-CFSR) process and in compliance with the California Child Welfare System Improvement and Accountability Act of 2001 (AB 636), Contra Costa County CFS, in collaboration with Juvenile Probation and OCAP Liaison, and in consultation with California Department of Social Services (CDSS) presents this System Improvement Plan (SIP) to children and families in the county. Assembly Bill 636 was designed to improve outcomes for children in the child welfare system. To measure performance improvement, National and State performance indicators (Outcome Measures) have been identified. Measures monitor safety, reunification, permanency and stability, and well-being of children. Effective October 1, 2015, the CFSR3 measures were implemented. We have evaluated these measures and will be presenting them in this SIP. Quarterly reports documenting outcome performance are generated for each county and for the state to track performance.

California's 2001 Child Welfare System Improvement and Accountability Act established a three prong process to support counties in analyzing strengths and challenges, assessing performance and establishing plans with defined strategies for performance improvement.

These events are required during the first year of the five year cycle:



Peer Review: The host county selects an outcome measure where performance improvement is challenging. Staff from other counties with stronger performance in the outcome are invited to participate in reviewing the host county's practice and to advise of strategies that have supported good performance in their counties.

County Self Assessment (CSA): This is a comprehensive review of child welfare and probation programs from prevention though permanence and after care. County stakeholders are invited to participate. The CSA report documents findings.

Systems Improvement Plan (SIP): Findings from the Peer Review and the County Self Assessment inform the generation of a System Improvement Plan that guides performance improvement for the next 4 years in the 5 year cycle. Performance improvement areas are identified and strategies are planned. The SIP is created approximately 5 months after completion of the County Self Assessment. January 2015 began a new cycle for Contra Costa; outcome measures performance for January 2015 sets the baseline by which improvement is measured for the next 5 years.

The Peer Review was the first activity required in the first year of the System Improvement Plan cycle. It was completed in April 2015 and the County Self Assessment was subsequently compiled. The SIP focuses on improving practice and performance and begins January 2, 2016 and runs through year 2021.

C-CFSR TEAM AND CORE REPRESENTATIVES

The CFSR activities of the Peer Review, County Self Assessment and SIP have been monitored by the CFSR Team listed below. The SIP has been monitored by the Project Management Team. The Project Management team is made up of the CFS Director, CFS managers, supervisors, analysts, Parent Partner staff, Probation, and Research and Accountability Manager and CWS/CMS Support Staff. This team has met monthly for many years and has been led by Gloria Halverson, lead for the CSA. The SIP strategies and the SIP data have been presented and discussed in the Project Management team on a quarterly basis. Discussions during these meetings ensure that we make needed adjustments.

Formerly the Project Management Team focused on coordination of SIP, state and county initiatives and other implementation projects. This group was also responsible for monitoring performance in National and State Outcomes. Beginning in January 2016, the Project Management Team will be transformed into the Continuous Quality Improvement (CQI) Collaborative Meeting, which is a much broader scope that encompasses project management and monitoring activities previously completed but also works toward continuous quality improvement in all aspects of Children and Family Services programs. As we embark upon developing our Continuous Quality Improvement system, this meeting will serve multiple functions including overseeing our SIP data and strategies. The vision for the CQI Collaborative is, "Strive to create a Learning Community that is proactive, collaborative and is responsive to the needs of the organization (staff) and its stakeholders (family, children, community and partners)." Our goals are to 1) Continuously review and interpret quantitative and qualitative data related to child welfare practice, county policy and outcomes; 2) Share and receive information to and from the organization and its stakeholders; 3) Discuss data and develop action plans to improve the practice, policy and outcomes as needed; and 4) Identify training needs for the organization and its partners.

At the CQI Collaborative Meeting, on a quarterly basis, we will review and monitor our selected CFSR Outcomes, strategies and selected evaluation modalities. In addition to the Core Team members (listed below), we will include, at minimum, our CQI/Case Review supervisors, Policy Analysts, Staff Development Specialists, Parent Partners, Caregiver Liaison, and Community Contracts staff.

Collaboration with agency partners and community based organizations and service providers will be strengthened through the formation of a stakeholder group to address children's needs (this is one of the SIP strategies addressed in this document). We will be reviewing the current team roster and inviting

other key stakeholders such as Representative Social Workers and other CWS staff to participate as SIP strategies are implemented and performance monitored.

Core Team

Agency	Title	Name	Participation
County Welfare Department	Director	Joan Miller	Provided oversight, direction and review.
	Children's Services Management Team	Various	Provided insight, oversight and contributed to writing sections related to focus areas.
	CFS Division Manager	Neely McElroy	Lead for SIP
	CFS Division Manager, retiree	Gloria Halverson	Facilitated Peer Review and served as lead for CSA
OCAP	CAPIT/CBCAP/PSSF	Juliana Granzotto	Lead for OCAP
Parent Representative	Family Engagement Supervisor	Judi Knittel	Represented parent and family view point, consultant for family issues.
Probation Department	Probation Manager	Kimberly Martell	Lead for Probation

Prioritization and Decision Making Process

In addition to analysis of data provided in quarterly state CWS Outcomes Systems Summary reports, both Child Welfare and Probation have deployed a number of methods for determining which outcomes measures and systemic factors to address in this System Improvement Plan. First, our CFSR Core Team reviewed and analyzed the key findings from the Peer Review and County Self Assessment. Next, we analyzed the qualitative data procured from our CSA Stakeholder surveys, Peer Review focus groups, FACT Committee Needs Assessment surveys, and by use of UC Berkeley Data Reports.

Some of the CSA Key findings that we took into consideration when selecting our measures include:

- More efficient and accessible service array: More efficiency and support for staff and families in identifying, tracking and promoting available services is critical.
- Equal treatment for relative caregivers: Feedback from the relative and foster parent focus group calls for equal treatment for relative caregivers.
- Continued disproportionality of Black children.
- High Staff turnover in CFS at all levels.
- Training, coaching and mentoring for new social workers: There are significant challenges in identifying and planning training and support strategies for new Social Workers and then assuring training and follow-up is given.
- Improved Family engagement: This is needed due to frequent caseworker changes.
- Enhanced collaboration with families in the creation of the case plan is needed. Stakeholder feedback and agency review of case planning procedures indicates parents are not always fully engaged and involved in planning activities and identifying service providers.

For Probation, the following key findings were considered in the development of this SIP.

- Improve Placement unit culture. A change in the culture of the Placement Unit is necessary to increase the focus on timely and successful reunification.
- Improve family engagement.
- Improve use of Family Finding efforts. Reunification is not always possible and / or in the best interest of the minor. Probation will assess the use of Family Findings and explore alternatives to congregate care for youth who will not be reunifying.
- Improve CWS/CMS data entry. An increase in the amount of information and data entered into CWS/CMS is crucial. Probation's low performance in several measures – most notably Monthly Caseworker Contacts – is solely a result of a lack of data entry.
- Training and support for DPO's. Probation will continue to arrange through CDSS and the UC Davis Resource Center for Family-Focused Practice for ongoing training and support for staff in the use of CWS/CMS.

During our monthly Project Management Team meetings, we reviewed our qualitative data and performance trends for CFSR federal and state measures as reported in quarterly CWS outcomes Systems Summary reports. This has culminated in the identification of the measures to prioritize, the overarching goals we want to meet, and the strategies to help us meet our goals which will be discussed in the next two sections.

Performance in Outcome Measures

CHILD WELFARE

For Quarter 2 2015, Contra Costa County Children and Family Services has met or exceeded the following federal and state performance standards:

- S1 Maltreatment in foster care
- S2 Recurrence of Maltreatment
- P2 Permanency in 12 months (in care 12-23 months)
- P4 Re-entry to foster care in 12 months
- P5 Placement Stability
- 2B Immediate Response Referrals with a timely response
- 2B 10-Day referrals with a timely response
- 2D Timely Response (Immediate Response)

The County performance was below the federal and state standards, or our own county determined standards (indicated by asterisk), on the following which will be targeted in the SIP:

- P1 Permanency in 12 months (entering foster care)
- P3 Permanency in 12 months (in care 24 months or more)
- 2D Timely Response – Completed (10 day)*
- 2F Monthly visits (out of home)
- 2F Monthly visits in residence (out of home)
- 2S Monthly Visits (in home)*
- 2S Monthly Visits in Residence (in Home)*

Additionally, we will add the following performance measures of 4B Least Restrictive First Entries into Placement and 4B Least Restrictive Point-in-Time Placements, 5B Timely Health and Dental Examinations and 5F Authorizations for Psychotropic Medication. These measures will assist us in tracking our rate of relative placements and timeliness of medical/dental treatment and tracking of psychotropic medications.

PROBATION

For Quarter 2 2015, Contra Costa County Juvenile Probation has met or exceeded the following performance standards:

- S1 Maltreatment in foster care
- P5 Placement Stability

The County performance was below the state and national standards on the following, of which P1 and 2F will be targeted in the SIP:

- P1 Permanency in 12 months (entering foster care)
- P2 Permanency in 12 months (in care 12-23 months)
- P3 Permanency in 12 months (in care 24 months or more)
- P4 Re-entry to foster care in 12 months
- 2F Monthly visits (out of home)
- 2F Monthly visits in residence (out of home)

Probation did not select measures P2, P3, and P4 as specific focus areas for this SIP largely due to the relatively low number of youth impacted in those measures as compared to P1. Probation believes that the strategies planned to address our low performance on measure P1 will also result in an improvement in our performance on measures P2 and P3.

Selected Outcomes

CHILD WELFARE

Based on the needs identified in the 2015 County Self Assessment and an analysis of the current data from Quarter 2, 2015, Child Welfare has selected the following measures to address in the System Improvement Plan.

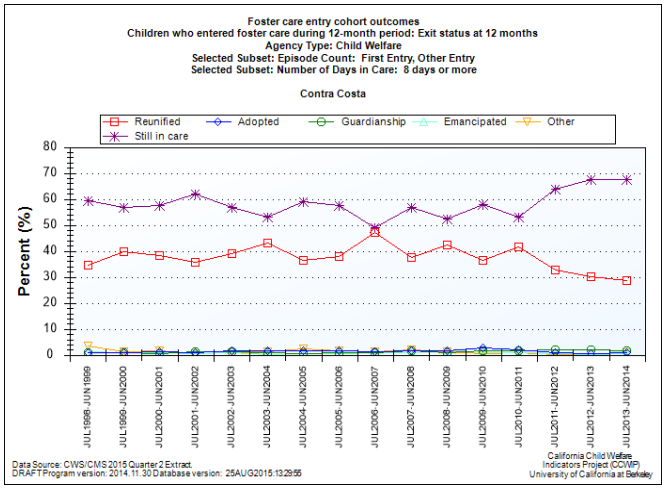
P1 Permanency in 12 months (Entering FC)

Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?

Current Performance (Q2 2015)	National/State Standard	Percent below standard
28.6%	>40.5%	11.4%

Data Source: CWS/CMS 2015 Quarter 2 Extract.

We are currently performing 11.4% below the national standard of 40.5%. This measure tracks children exiting to permanency within 12 months of entering foster care. An analysis of this measure over the last five years shows that there has been a downward movement in this measure, from a high of 42.2% in 2008/2009, to the current rate of 28.6%. We has prioritized this measure in our SIP. We will focus specifically on reunification as it is highly unlikely that adoption or guardianship are accomplished within 12 months unless the reunification is not ordered by courts (also referred to as a "bypass" case).



The following 2 charts identify permanency within 12 months by type of permanency and age and ethnicity of children for the 12 month period October 1, 2013 to September 30, 2014. As indicated in these charts, the 2 age groups least likely to find permanency in 12 months are 1 to 11 months and 16 to 17 year olds. When comparing permanency by ethnicity, Latino's are slightly more likely to be reunified within 12 months than children of Black and White ethnicity.

PERCENT	Age Group							All
	<1 mo	1-11 mo	'1-2 yr	'3-5 yr	'6-10 yr	'11-15 yr	16-17 yr	
	%	%	%	%	%	%	%	%
Reunified	29.3	24.4	43.1	31.5	28.7	30.2	.	30.1
Adopted	7.3	.	.	.	.	.	.	0.7
Guardianship	.	.	3.1	6.8	2.3	3.5	.	2.9
Emancipated	.	.	.	.	.	1.2	5.9	0.4
Other	2.4	.	.	.	.	3.5	17.6	1.5
Still in care	61	75.6	53.8	61.6	69	61.6	76.5	64.4
Total	100	100	100	100	100	100	100	100

PERCENT	Ethnic Group						All
	Black	White	Latino	Asian/P.I.	Nat Amer	Missing	
	%	%	%	%	%	%	%
Reunified	29.3	29	33.9	25	.	.	30.1
Adopted	0.6	0.6	0.9	.	.	.	0.7
Guardianship	1.8	3.9	3.5	.	.	.	2.9
Emancipated	.	0.6	0.9	.	.	.	0.4
Other	1.8	1.9	.	.	33.3	.	1.5
Still in care	66.5	63.9	60.9	75	66.7	.	64.4
Total	100	100	100	100	100	.	100

Based on our CSA, there are a number of factors that might be impacting our lower reunification rates. These include the impact of high caseloads, new and inexperienced staff and turnover, delays in court hearings (continuances, contests, etc.), need for more focused engagement of families, and inclusion in the case planning process. Our strategies will address focused supervisor training, mentoring and support for inexperienced staff. Efforts to improve retention of staff are planned. , To address the court related issues, we have already re-instituted the Court Units in our Operational Districts and expectations for early family engagement and involvement in the court hearings are predicted to improve the court process thus reducing court continuances and contests. There are several strategies that address family engagement and improvement in the case planning process including implementation of SDM, continued use of SOP and supporting Social Workers and families in accessing needed services.

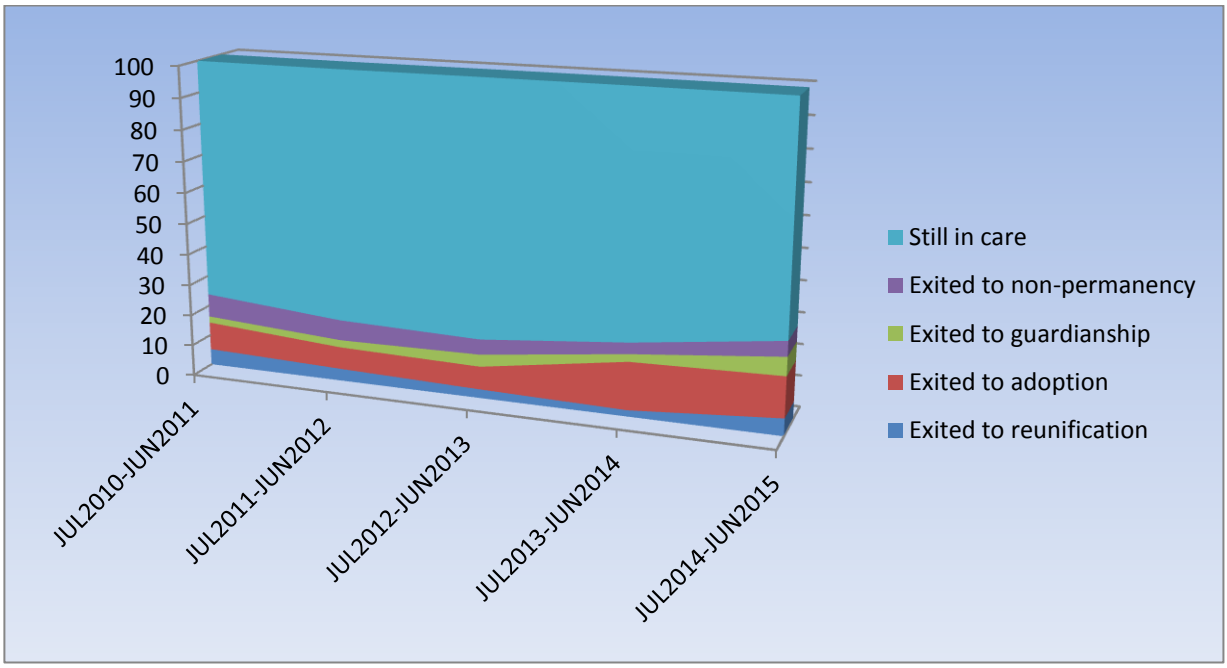
P3 Permanency in 12 months (24+ months)

Of all children in foster care on the first day of a 12- month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period?

Current Performance (Q2 2015)	National/State Standard	Percent below standard
24.4%	>30.3%	5.9%

Data Source: CWS/CMS 2015 Quarter 2 Extract.

We are currently performing 5.9% below the national standard of 30.3%. This measure tracks exits to all types of permanency (reunification, guardianship and adoption) for children who have been in foster care for 24 months or more. As the chart shows below, exits to adoption remain very strong. Guardianships and exits to non-permanency (emancipation, extended foster care) seem to remain steady. Our focus will center on improving reunification and guardianship rates in order to improve this measure.



In particular, we will focus our attention on increasing the rate and quality of kin placements. With the implementation of Approved Relative Care Funding Option (ARCFO) (See current Initiatives section), and the recent implementation of Fictive KinGAP, we strive to see improved permanency rates.

2D Time to First Completed Referral Contact – 10 days

The number of child abuse and neglect referrals that require, and then receive, an in-person investigation (excludes attempted) within the time frame specified by the referral response type.

Current Performance (Q2 2015)	CCC Standards	Percent below standard
49.8%	90%	25.2%

Data Source: CWS/CMS 2015 Quarter 2 Extract.

2D Time to First Completed Referral Contact (10-day)

April 1 – June 30, 2015 PERCENT	Age Group							All
	Under 1	'1-2	'3-5	'6-10	'11-15	16-17	18-20	
	%	%	%	%	%	%	%	%
Timely Response	45.1	51.4	51.5	47.3	51	59.6	0	50.2
No Timely Response	54.9	48.6	48.5	52.7	49	40.4	100	49.8
Total	100	100	100	100	100	100	100	100

Data Source: CWS/CMS 2015 Quarter 2 Extract.

Although this measure is not required and there is no state standard, we have selected it as it is significant to ensuring child safety. We will set our standard at 90% to ensure that more children have actual face to face visits within the 10 day response timeline. There are external factors that impact why children are not seen within the 10 days. One variable may be related to parent's consent. If a parent

refuses access to a child, an ER social worker will have difficulties having the face to face with the child. We will utilize our strategies and action steps to identify barriers to completing contacts, to improve Social Worker efforts to complete the contact, and to identify and provide creative supportive mechanisms to support the Social Worker in completing contact. Additionally we will address issues of adequate safety for children by completing SDM Safety Assessments and Safety Plans within the required timelines.

2F Monthly Visits (Out of Home)

This measure reports the percent of months requiring an in-person contact in which that contact occurred. For each month in the 12-month period, the denominator is the number of children in care who were required to have an in-person contact, i.e., who were in an open placement episode for the full calendar month and the numerator is the number of children in the denominator who had at least one in-person contact during the month.

As outlined in ACIN 1-48-15, the Child and Family Services Improvement Act (the Act) of 2006 requires that effective October 2015, 95% of children in foster care under the jurisdiction of the court must be visited each month the child is in foster care and a majority of these visits must occur in the child's home. We are currently below the national standard by 5.3% but are visiting children in the home more than 50% of the time, higher than the standard. 2F reflects children who reside in out of home placements.

2F by year	Current Performance (Q2 2015)	National/State Standard	Percent below standard
Percent Visited	90%	95%	5.3%
Percent Visited in Residence	68.6%	>50%	Above standard

Data Source: CWS/CMS 2015 Quarter 2 Extract.

2F Monthly Visits In Residence (Out of Home)

This measure reports the percent of months with in-person contacts in which the contact occurred in the residence of the child or youth. The denominator is the number of children in care who had at least one in-person contact during the month and the numerator is the number of children where at least one of that month's in-person contacts was in the placement facility.

2F by month	Current Performance (Q2 2015)	National/State Standard	Percent below standard
Percent Visited	89.7%	95%	5.3%
Percent Visited in Residence	73.9%	>50%	Above standard

Data Source: CWS/CMS 2015 Quarter 2 Extract.

We have consistently performed well under the previous standard of 90% of visits per month. In order to meet the revised national standard of 95%, we will focus one of our strategies on improving these outcomes.

2S Monthly Visits (In Home)

This report considers each month separately, but summarizes this data for a 12-month period. For each month in the 12-month period, three numbers are determined for children receiving in-home services:

- The number of children receiving in-home services who were required to have an in-person contact, i.e., who received in-home services for the full calendar month;
- The number and percent of children in Group 1 who had at least one in-person contact during the month; and
- The number and percent of children in Group 2 where at least one of that month's in-person contacts was in the child's residence.

Measure 2S tracks children placed in home as opposed to 2S which tracks children in out-of-home placement. There are no state and federal standards for this measure. We will set our own standard of 95% to remain in alignment with Measure 2F. We believe visiting children in in-home cases (Court and non-Court) are as important as visiting children in foster care.

2S by Year	Current Performance (Q2 2015)	CCC Standard	Percent below standard
Percent Visited	62.9%	95%	32.1%
Percent Visited in Residence	66.1%	>50%	Above standard

Data Source: CWS/CMS 2015 Quarter 2 Extract.

We are currently performing 32.1% below our standard of 95%. We will utilize a variety of action steps to improve this measure, one of which is to inform the staff regarding the importance of monthly visits with in-home cases. We will also strive to improve the quality of these visits with a variety of child engagement tools. We will discuss these two strategies in more depth in the following sections.

2S Monthly Visits in Residence (In Home)

This report considers each month separately, but summarizes this data for a 12-month period. For each month in the 12-month period, three numbers are determined for children receiving in-home services:

- The number of children receiving in-home services who were required to have an in-person contact, i.e., who received in-home services for the full calendar month;
- The number and percent of children in Group 1 who had at least one in-person contact during the month; and
- **The number and percent of children in Group 2 where at least one of that month's in-person contacts was in the child's residence.**

2S by Month	Current Performance (Q2 2015)	CCC Standard	Percent below standard
Percent Visited	65%	95%	30%
Percent Visited in Residence	71.5%	>50%	Above standard

Data Source: CWS/CMS 2015 Quarter 2 Extract.

Of the 480 children receiving in-home services in June 2015, 312 (65%) were visited and 223 (71.5%) were visited in the residence. However, when reviewing the methodology of 2S by month, some Family Reunification, Permanent Placement, and Supportive Transition cases are included in this report due to children who were not in a foster placement at any time during the month because they were either on extended trial home visits, had run away from placements, were in non-foster care placements, or had returned home and were awaiting court orders changing their service program types. If we exclude Family Reunification, Emergency Response, Permanent Placement and Supportive Transition, our percent of children visited increases. The table below shows that there were 249 children in Family Maintenance, of which 87.6% were visits monthly and 78% were visited in their residence. Although still not meeting the standard of 95%, it is an improvement. For the purposes of monitoring this measure, we will extrapolate and report only on Family Maintenance cases (both Court and non-Court).

Service Component Type	Children Receiving In-Home Services Entire Month	Children Visited	Percent Visited	Children Visited in Residence	Percent Visited in Residence
	n	n	%	n	%
Emergency Response	2	2	100	1	50
Family Maintenance	**249**	**218**	**87.6**	**170**	**78**
Family Reunification	58	51	87.9	30	58.8
Permanent Placement	171	41	24	22	53.7
Supportive Transition	0	0	0	0	0
Total	480	312	65	223	71.5

Data Source: CWS/CMS 2015 Quarter 2 Extract.

4B Least Restrictive (Entries First Placement: Relative)

This measure is derived from a longitudinal database of all entries to out of home care (in care 8 days or more) during the time period specified and computes the percentage of children who have a first placement of "Relative" (labeled "Kin" in UCB data tables). A child's first out of home placement with "Relatives" is drawn from the CWS/CMS variable plc_fclc and includes the following codes: Relative / NREFM Home (1421) and Tribe Specified Home (1422). (Age 0 to 17 years.)

Outcome: 4B Least Restrictive Placement (First Entry)

Ethnic Group	Kin	Foster	FFA	Group	Guardian	Total	
	n	n	n	n	n	n	Percent by ethnic group
Black	34	54	58	4	11	161	41%
White	26	37	36	4	4	107	27%
Latino	29	27	41	3	2	102	26%
Asian/P.I.	1	4	5	.	.	10	3%
Nat Amer	1	1	1	1	.	4	1%
Missing	1	3	.	.	2	6	2%
Total By Placement Type	92 **24%**	126 32%	141 36%	12 3%	19 5%	390	

Data Source: CWS/CMS 2015 Quarter 2 Extract.

According to Quarter 2 2015 data (above), 24% of our first entries were with kin (relatives/NREFM). The highest ethnic group placed with kin was Black children at 34%. The highest percent of placements with kin by age group is 6 to 10 year olds. Our most frequently used placements at first entry are Foster homes (32%) and Foster Family Agencies (FFA) (36%). While we focus on improving reunification, we can review P1 by First Placement Type. An analysis of this data shows that 24.4% of children placed with kin at first entry exited to Reunification and 4.5% exited to guardianship. We will look to increase kin placements for all ethnicities; .since Black children are disproportionality represented in the foster care system; we will monitor these kin placements by ethnicity.

4B Least Restrictive (Point in Time Placement: Relative)

This measure is a point in time count of all children who have an open placement episode of "Relative" in the CWS/CMS system (labeled "Kin" in UCB data tables). On the count day, children are assigned to the county in which they have an open case or referral. Children who have a substitute care provider assignment of 'relative non-guardian' are categorized as a "Relative" placement. (Age 0 to 20 years.)

Outcome: 4B Least Restrictive Placements (Point in Time)

	Placement Type														Total
	Pre-Adopt	Kin	Foster	FFA	Court Specified Home	Group	Non-FC	Transitional Housing	Guardian - Dependent	Guardian - Other	Runaway	SILP	Other (?)	Missing	
	n	n	n	n	n	n	n	n	n	n	n	n	n	n	n
Total	37 (3.3%)	277 (25%)	145 (13.1%)	251 (22.7%)	1 (0.1%)	87 (7.9%)	20 (1.8%)	40 (3.6%)	24 (2.2%)	152 (2.2%)	2 (0.2%)	64 (5.8%)	7 (0.6%)	0	1,107

Data Source: CWS/CMS 2015 Quarter 2 Extract.

In June 2015, 25% of children were placed in kin placements, compared to 24% of first entries to Kin placements. The percent of children in Foster Homes and FFA's is less for point in time than first placement entry: More children originally placed in Foster Homes or FFA's appear to have either found permanency or moved into a variety of other placements such as pre-adoption, Group care, THP, etc. Our strategies will focus on increasing first entries into kin placements, improving resources for kin families, and improving communication between caregivers and social workers as a strategy for stable placements and improved permanency outcomes.

5B (1&2) Timely Health/Dental Exams

This report provides the percentage of children meeting the schedule for Child Health and Disability Prevention (CHDP) and Division 31 medical and dental exams. Per California Code of Regulations: "Persons will be considered overdue for an assessment on the first day he or she enters a new age period without assessment having been performed in the previous age period."1 Minors must have a medical and/or dental exam by the end of their age period.

From:	4/1/2015
To:	6/30/2015
Rate of timely health exams (%)	75.1%
In care 31+ days, age 0-20 (n)	885
Timely health exams (n)	665

Data Source: CWS/CMS 2015 Quarter 2 Extract.

From:	4/1/2015
To:	6/30/2015
Rate of timely dental exams (%)	44.2%
In care 31+ days, age 3-20 (n)	730
Timely dental exams (n)	323

Data Source: CWS/CMS 2015 Quarter 2 Extract.

According to Quarter 2 2015 data (above), we recorded 75.1% of timely health exams and 44.2% dental exams. There has been no change in the requirements for timely exams, however through our assessment; we believe that entry of these exams has diminished due to a lack of focus in HEP entry. Our strategy to improve this component will be to dedicate clerical staff to enter information in a timely fashion. We have a policy that directs staff regarding HEP entry. We will ensure that policy is reissued and monitored. We will also improve our collaboration with the County Public health department CHDP nurses in our offices, receiving center, and foster care clinics.

5F Authorized for Psychotropic Medication

This report provides the percentage of children in placement episodes with a court order or parental consent that authorizes the child to receive psychotropic medication.

From:	**4/1/2015**
To:	6/30/2015
Authorized for psychotropic medications (%)	6.2%
In care, 0-17 (n)	974
Authorized for psychotropic medications (n)	60

Data Source: CWS/CMS 2015 Quarter 2 Extract.

Ethnic Group	Total Num of Anti-Psychotic Med Fills	
Asian/PI	35	4%
Black	405	42%
Data Not Entered/	8	1%
Latino	199	21%
White	306	32%
	953	100%

Data Source: CWS/CMS 2015 Quarter 2 Extract.

Non-A-Psych Ethnic Group	Total No Anti-Psych Med Fills	
Asian/PI	50	3%
Black	582	36%
Data Not Entered/	8	0%
Latino	412	25%
Native American	6	0%
White	573	35%
Total Non A Psych Fills	**1631**	100%

Data Source: CWS/CMS 2015 Quarter 2 Extract.

According to CWS/CMS data for Quarter 2, 6.2% of our children have been authorized for psychotropic medication through court order or parental consent. Of those prescribed anti-psychotics, 42% of the children are Black, 32% are White, and 21% are Latino. Of those prescribed non-anti-psychotics, 36% are Black, 35% White and 25% are Latino. At this time, Contra Costa has entered into a data sharing agreement with the state and will spend time analyzing the dissemination of medication. Our strategies will include ensuring our JV220 Psychotropic medication tracking process is effective; deploy recommendations from the state's QIP workgroup on Use of Psychotropic Medications

Systemic Factor: Stakeholder Collaboration

This is a Systemic Factor that Contra Costa chooses to address collaboration with Stakeholders; components of this factor include:

- Enhance and enrich collaboration with agency partners and community providers by re-establishing Systems of Care approach and team.
- Create a forum for conversations about disparity and disproportionality
- Addressing prevention and intervention community providers: Available services, gaps in services, accessing available services, and promoting use of available services.

We have chosen to focus on improving and broadening our work with our stakeholders and community. We currently have a variety of collaborative efforts (i.e. Katie A., CSEC, Juvenile Justice Commission, etc.) however they are generally topic specific (mental health, sexually exploited children, probation youth). Contra Costa has a long history of engagement including cross agency Systems of Care Policy Council, district Community Partner Meetings and a close collaboration with Mental Health for past federal grants and more recently, state initiatives such as Katie A. It's time to renew and invigorate collaboration by creating a forum that will focus on family service needs, promotion of the community's and agencies' available services, identifying service gaps, and addressing disparity and accessibility barriers in service delivery.

We will build upon the work of the Family & Children's Trust (FACT) Committee and our regional Community Partnership meetings. We will utilize a CQI framework to analyze data, gather feedback, disseminate findings and priorities, and develop mutual plans of action. We intend for this focus to assist us in improving our prioritization of OCAP funds, contracting efforts with the community, and building our relationships on behalf of Contra Costa children.

Systemic Factor: Improving the Health and Well-Being of Children

This is a Systemic Factor that Contra Costa will address in order to improve the health and well-being of children; components of this factor will include:

- Ensure timely medical and dental exams
- Ensure quality data entry of medical and health exams and psychotropic medication use into CWS/CMS.
- Monitor use of psychotropic medication in children as well as access to mental health.
- Improve access to medical and mental health services through improved collaboration with public health.

Systemic Factor: Workforce Wellness

Through the CSA we have identified that we are impacted by the challenge of retaining quality and trained staff. While our recruitment of social workers has significantly improved over the last several years, our ability to compete with surrounding counties has created an inexperienced workforce. We will look to support our staff through a number of strategies including:

- Supporting our workforce through the use of trauma informed strategies
- Creating an effective Supervisor framework which can address the realities of the need for supervisors to provide continuous training and oversight to new social workers.
- Deploy targeted staff retention strategies defined through our internal Staff Retention/County Culture Workgroup.

PROBATION

Based on the needs identified in the 2015 County Self Assessment and an analysis of the current data from Quarter 2, 2015, Probation has selected the following measures to address in the System Improvement Plan.

P1 Permanency in 12 months (Entering FC)

Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?

Current Performance (Q2 2015)	National/State Standard	Percent below standard
4.8%	>40.5%	35.7%

For the time period of July 1, 2013 to June 30, 2014, of the 104 Probation youth entering foster care for the first time and remained in care for 8 days or longer, 5 youth (4.8%) reunified in less than 12 months. This is below the National / State standard of 40.5%. Reunification within 12 Months was a focus of the Probation Peer Review in April 2015.

Probation historically underperforms in this measure for a variety of reasons. There are circumstances and factors, which are beyond the control of the Probation Department, which can complicate permanency efforts for Probation youth. These factors include the age of the youth, the types of offending behaviors, and the use of foster care in lieu of the other rehabilitative options for some delinquent youth. Given the relatively low number of youth Probation is tasked with placing, the success or lack thereof of in attaining permanency for even 2 – 3 of these youth can significantly the outcome results. .

Probation youth are on average older than their CWS counterparts. Many probation youth in placement are 17 years or older by the time they complete the placement program. Many of these youth are availing themselves to Extended Foster Care, even those youth who have suitable and appropriate family homes to return to.

Whether a youth is technically eligible for out of home placement, versus whether out of home placement the appropriate course of action for a particular youth, is an area of ongoing struggle between the Courts, the Public Defender, the District Attorney and the Probation Department. Criminally sophisticated and violent offenders are far from ideal candidates for out of home placement, yet a good number of the youth ordered placed in Contra Costa County fall into that category. This population has a detrimental effect on our permanency rates.

Many Probation youth present with delinquency and behavioral issues which require a significant period and level of rehabilitative services to adequately address their needs. Rehabilitation of the placed youth is prioritized above permanency within 12 months. It is important to recognize that a significant portion of the youth ordered into out of home placement by the delinquency courts will not be in the community when their placement order is eventually set-aside. They will quite often be committed to secured institutional programs to address their delinquent mindset and behaviors which could not be overcome in the non-secured and less structured therapeutic settings found with foster care. Good portions of placement youth abscond from placement or otherwise violate the terms and conditions of their probation. Many placement youth engage in additional illegal conduct while in placement or while

in the community unsupervised after that have absconded placement. These activities result in the filing of additional delinquency petitions and subsequent dispositions by the courts.

Youth who cannot or will not be reunified with their family due to the nature of their offenses, are commonly seen in cases of the minor engaging in the sexual abuse of family members, experience great difficulty with establishing permanency at all, let alone within 12 months. In the case of Juvenile Sexual Offenders, the currently accepted treatment model for this population generally consists of 18 months to two years of intensive treatment followed by aftercare. These youth require lengthy residential treatment episodes. A number of these youth will also engage in conduct which results in removal from placement and a commitment to a secured institutional program. Also for those youth who successfully complete their treatment and placement, an increasing number are availing themselves to Extended Foster Care.

The placement type chosen for a youth is a factor impacting permanency within 12 months. Probation youth are often placed in congregate care, also known as group homes. These placements are more inclined to accept delinquent youth, but more importantly they generally offer a higher level of structure and supervision for the youth, and are more likely to have the services in place that are needed to aid in the rehabilitation of the youth. Most group homes are currently designed to provide services over the course of many months, generally 12 – 16 months. Less restrictive settings than group homes, are considered by the Placement unit for placement of a youth on a case by case basis, and are in most cases ruled out as first entry options for delinquent youth. Group homes are consistent with the type of placement and services deemed necessary by Probation and the Courts to best serve the needs of the youth.

The recent change to California Foster Care that would ideally result in improved performance for Probation in this measure is the implementation of Assembly Bill 403. This bill provides for the reclassification of treatment facilities and the transition from the use of group homes for children in foster care to the use of short-term residential treatment centers. Once implementation of the requirements of this Bill are in place, the Courts, the District Attorney, and the Probation Department will have to reconsider and likely reduce the use of foster care for the purposes of providing rehabilitative services to highly delinquent youth. It is anticipated that other dispositional options and not out of home placement will be imposed in a good number of cases. Removing the highly delinquent youth, those least likely to be successfully rehabilitated through the use of short-term residential treatment centers, from the equation will improve permanency outcomes. Those youth who are not as criminally inclined may benefit greatly from placement in a short-term residential treatment center, and they may be more likely to attain permanency within 12 months.

2F Monthly Visits (Out of Home)

This measure reports the percent of months requiring an in-person contact in which that contact occurred. For each month in the 12-month period, the denominator is the number of children in care who were required to have an in-person contact, i.e., who were in an open placement episode for the full calendar month and the numerator is the number of children in the denominator who had at least one in-person contact during the month.

2F by month	Current Performance (Q2 2015)	National/State Standard	Percent below standard
Percent Visited	28.2%	95%	66.8%
Percent Visited in Residence	90.7%	>50%	Above Standard

For the time period of July 1, 2014 to June 30, 2015, of the total out of home monthly visits Probation was expected to complete (1,338 per CWS/CMS data extracted in early October 2015) Probation's current performance at 28.2% is far below the National / State standard of 95%.

It is important to note that attempts to contact youth and completed contacts with youth are not given the same weight in the F2 measure. At any given time, up to 10% of placement youth may not be successfully contacted in a given month because the youth has absconded from placement and their whereabouts is unknown.

Two significant factors impact our statistical performance in this measure, and both involve our historical difficulty with using CWS/CMS. The first factor is the failure to properly input information into the system in a timely fashion when a youth's Placement Episode ends. The second factor is the failure to enter monthly contacts on a timely and regular basis.

The Probation Department implemented the use of CWS/CMS in 2011. It is reasonable to acknowledge that there was some resistance by probation staff to learning and utilizing a case management system that is in addition to the processes and systems the probation department already had in place for monitoring probation youth. Since 2012, several issues contributed to the weak performance with data entry into CWS/CMS. The Placement Unit has experienced ongoing staffing issues. It has proven difficult to keep the unit fully staffed with DPOs. Staff turnover within the Placement Unit and the need to train those new staff on the functions and responsibilities of the Placement Unit, as well as receive training in CWS/CMS, is laborious and time consuming. When the Unit is short staffed or in lack of experienced and fully trained staff, the existing DPOs had to conduct the additional monthly visits, as well as prepare the mandated placement review reports and other court reports, which leave less time for data entry into CWS/CMS. The Unit also twice experienced a change in

the Unit Supervisor and Placement Unit Manager. There was also a change of staff in the clerical position assigned to the Placement Unit. Lack of internal oversight by the supervisor and manager, largely due to the other demands upon their time and energies, has allowed the problems with CWS/CMS to multiply.

Probation visits the youth in placement every month, which is documented on monthly contact logs with the Placement Supervisor and the Field Notes the Deputy Probation Officers (DPOs) maintain for each of their assigned youth. Our need for improved performance is not with conducting the monthly visits; it is with consistently documenting the visits in CWS/CMS. Of the youth whose visits were documented in CWS/CMS, Probation's performance exceeds the national standard for visiting children in the home more than 50% of the time. Nonetheless, another key finding from the recent CSA was that an increase in the amount of information and data entered into CWS/CMS is crucial. Probation's low performance in several measures – most notably Monthly Caseworker Contacts – is solely a result of a lack of data entry.

PRIORITIZATION OF DIRECT SERVICE NEEDS

In 1985, Contra Costa County established the Family and Children's Trust (FACT) Committee. The purpose of the FACT Committee is to establish priorities and make funding recommendations to the Board of Supervisors on the allocation of specific funds for the prevention and amelioration of child abuse and neglect, and the promotion of positive family functioning. The funds include CAPIT, Birth Certificate funds, County Children's Trust funds, and CBCAP funds. The FACT Committee is comprised of representatives from Mental Health, the Local Planning Council, the First 5 Commission, Child Abuse Prevention Council and early childhood education. At-Large members represent service clubs, faith based organizations, civic groups, ethnic and cultural clubs/groups, Chambers of Commerce and Parent/Teacher Associations. And finally one representative from each of the five Supervisorial Districts is a member.

The FACT Committee's established procedures include establishing a minimum of two specific priority areas for allocating available FACT funds based on the County Self-Assessment, public hearing or other needs assessment mechanism. These funds are for child abuse and neglect prevention and early intervention services which meets the needs of children at high-risk, especially those 0-14 years old, operated by private non-profit organizations. The FACT Committee conducts a needs assessment process every two years via survey (web-based and in-person) to the community in order to establish a minimum of two priority areas. Subsequently, CFS implements a competitive RFP/RFI bid process for the allocation of funds.

The FACT Committee conducted an online provider Needs Assessment survey in 2014-2015. The Provider Survey was initiated on December 8, 2014 and the results were compiled in a report on January 20, 2015. A Parent/Caretaker Needs assessment survey was initiated on December 8, 2014 and was offered online in English and in print form in English and Spanish. A report was compiled on March 1, 2015 regarding these results. The need for after school programs ranked number one as the most important service needed in the Parent/Caretaker Survey. Parent education, support for children with special needs and their families, and family support and referral services were found to be nearly equal in importance. Cost of services was most often marked as the greatest barrier to obtaining services. Long waitlists, lack of transportation and language and Cultural Humility were named the highest barriers. The Provider Needs Assessment was similar in responses regarding the cost as the main barrier to after school programs, in addition to the need for drug and alcohol services for families support for children with special needs, and services for families who are homeless.

PSSF is monitored by the CFS Director and the management team. The priorities are determined using information gathered from a variety of sources such as from our Community Partnership meetings and the FACT surveys.

Currently Crossroads High School is funded by CAPIT and CBCAP funds. The Children's Recovery and Family Education Project, ARC (Attachment, Self-Regulation and Competency framework), and Strengthening Vulnerable Families Supportive Housing are being funded by CAPIT funds. These programs meet the needs of families facing substance abuse, homelessness, pregnant and parenting teen mothers, and unique needs of Spanish Speaking families.

Promoting Safe and Stable Families (PSSF) is a federal program under Title IV-B, Subpart 2 of the Social Security Act for states to operate coordinated child and family services including community-based family support services, family preservation services, time-limited family reunification services and adoption promotion and support services to prevent child maltreatment among at-risk families, assure safety and stability of maltreated children, and support adoptive families. The four PSSF Program components: (1) family preservation, (2) community-based family support, (3) time-limited family reunification and (4) adoption promotion and support, are intended to provide coordinated services for children and families across the continuum from prevention to treatment through aftercare.

State Family Preservation (SFP) is a state funded program aimed at reducing the necessity of out-of-home placement of children who have experienced child abuse or neglect within the family and, when appropriate, at expediting the reunification of children with their families when the children are in out-of-home placements.

PSSF and State Family Preservation funds meet a myriad of other direct service needs. These include providing supportive housing, parenting classes, integrated mental health services, post-adoption supportive services and educational liaison support, community based supervised visitation, and case management services to monolingual Spanish Speaking families as well as Afterschool programming.

The parenting classes supported through PSSF and State Family Preservation include evidence-based Triple P Positive Parenting Levels 4 and 5, Triple P support groups, Supporting Father's Involvement (SFI) parenting classes and Nurturing Parents parenting classes in English and Spanish.

These parenting classes are listed on the California Evidence Based Clearinghouse (CEBC). The overall Triple P program is a multi-tiered system of 5 levels of education and support for parents and caregivers of children and adolescents. Although Triple P can be used in parts (e.g., using only one level of the five or

a group version versus standard), this entry on the CEBC reviews System Triple P as a whole (i.e., using all 5 levels) in its standard version and only reviewed research evidence that evaluated the whole system. The CEBC also evaluated Level 4 Triple P as a separate program and it is rated"1 - Well-Supported Research Evidence" on the Scientific Rating Scale in the areas of Parent Training and Disruptive Behavior Treatment (Child & Adolescent).

As a prevention program, Triple P helps parents learn strategies that promote social competence and self-regulation in children. Parents become better equipped to handle the stress of everyday child rearing and children become better able to respond positively to their individual developmental challenges. As an early intervention, Triple P can assist families in greater distress by working with parents of children who are experiencing moderate to severe behavior problems. Throughout the program, parents are encouraged to develop a parenting plan that makes use of a variety of Triple P strategies and tools. Triple P practitioners are trained to work with parents' strengths and to provide a supportive, non-judgmental environment where a parent can continually improve their parenting skills.

Supporting Fatherhood Involvement (SFI) is a preventive intervention designed to enhance fathers' positive involvement with their children. The curriculum is based on an empirically-validated family risk model. This model predicts that children's development is predicted by risks and buffers in five interconnected domains:

- Family members' characteristics
- 3-generational expectations and relationship patterns
- Quality of parent-child relationship
- Quality of parents' relationship
- Balance of stressors versus social support for the family.

Nurturing Parenting curriculum is designed to build nurturing parenting skills that break the intergenerational cycle of child maltreatment and dysfunction. The program provides support and resources for parents. STAND! For Families free of Violence and the Child Abuse Prevention Council offer these evidence-based parenting classes across Contra Costa County in English and in Spanish. The Nurturing Parenting Center-Based program incorporates the Strengthening Families 5 Protective Factors Framework:

- Parental resilience
- Social connections
- Concrete support in times of need

- Knowledge of Healthy Parenting and Child Development
- Social and Emotional Competence of Children

A recent survey completed by the FACT committee collected information on at-risk populations, target areas, service needs, and gaps in services. Data collected in Contra Costa's Self Assessment assisted further by identifying populations at risk and service needs and gaps to assure current strategies are meeting needs. Ongoing efforts to collect and evaluate information support continual review of needs and supports the committee work to formulate goals and objectives and develop opportunities for bringing more effective and accessible services for children and families. We will utilize a quality assurance process that measures quality of these services.

STRATEGY SUMMARY

CHILD WELFARE

GOAL: STRENGTHEN QUALITY CASE PLANNING AND FAMILY TEAMING TO IMPROVE TIMELY FAMILY REUNIFICATION.

Strategy 1: Strengthen quality case planning through the utilization of the SDM Family Needs and Strengths Assessment (FSNA tool) to inform and collaboratively identify critical family needs for individualized case plans.

Strategy 2: Improve family teaming through increased use of Team Decision Making meetings (Family Team meetings) that use strength based collaborative strategies such as the Safety Organized Practice framework.

Strategy 3: Improve family engagement by expanding and incorporating the strategies of the Safety Organized Practice framework into the casework of Social Workers.

GOAL: ASSURE CHILD SAFETY AND INFORM PERMANENCY PLANNING THROUGH IMPROVEMENT IN FREQUENCY, TIMELINESS, AND QUALITY OF SOCIAL WORKER VISITS.

Strategy 4: Improve timeliness and quality of child and family visits through the utilization of engagement strategies, by monitoring quality of visits and by tracking compliance of visits.
Strategy 5: Improve child safety and increase reunification of families through consistent and quality implementation of Structured Decision Making practice.

GOAL: INCREASE TIMELY AND QUALITY COMPLETED FIRST CONTACTS WITH CHILDREN IN 10 DAY REFERRALS TO ASSURE CHILD SAFETY.

Strategy 6: Develop and implement policy and practice that ensures that children and families are seen within 10 days of the receipt of child abuse referrals.

Strategy 7: Utilize the SDM Safety Assessments to ensure the accurate assessment of children's immediate safety and develop quality and timely Safety Plans that accurately address threats to a child's safety to remain in the family home.

GOAL: IMPROVE PERMANENCY OUTCOMES BY INCREASING THE RATE AND QUALITY OF RELATIVE/NREFM PLACEMENTS.

Strategy 8: Increase the rate of children placed with relatives and NREFM's by improving the efficiency of the Relative Approval Emergency Placement Process.

Strategy 9: Expand Relative Notification and Family Finding efforts in order to increase the pool of available quality approved relatives.

Strategy 10: Improve partnerships and communication with caregivers through the efforts of the Caregiver Steering Committee.

Strategy 11: Develop and implement a county-wide Specialized Care Increment (SCI) program

(called Difficulty of Care in Contra Costa) to enhance support to caregivers for children with special care needs.

GOAL: IMPROVE THE HEALTH AND MENTAL HEALTH WELL-BEING OF CHILDREN SERVED BY CHILDREN & FAMILY SERVICES AND IMPROVE ACCESS, TIMELINESS AND QUALITY OF THESE SERVICES.

Strategy 12: Improve children's health and mental health well being by evaluating and monitoring to ensure consistent tracking of Mental Health assessments, referrals and services and utilization of psychotropic medications.

Strategy 13: Improve access and timeliness to medical services by improving collaboration with county public health department CHDP nurses in CWS offices, Receiving Centers and Foster Care clinics.

GOAL: STRENGTHEN STAKEHOLDER COLLABORATION IN ORDER TO ADDRESS ISSUES OF DISPARITY AND CULTURALLY SPECIFIC COMMUNITY SERVICES; IDENTIFY AND PRIORITIZE DIRECT SERVICE RESOURCES AND DELIVERY; AND IMPROVE PARTNERSHIPS ON BEHALF OF CHILDREN IN CONTRA COSTA COUNTY.

Strategy 14: Partner with county agencies and Community Based Organizations to develop a Stakeholder Forum to address issues facing children in Contra Costa including racial disparity and gaps in available services.

Strategy 15: Ensure access to community resources and services through more effective systems for locating service providers offering appropriate services.

GOAL: DEVELOP A TRAUMA INFORMED WORKPLACE THAT ENSURES A HEALTHY AND COMPETENT WORKFORCE.

Strategy 16: Employ trauma informed strategies to create a healthier workplace and address the secondary trauma that staff faces in their daily work.

Strategy 17: Develop, prioritize, and implement staff retention strategies such as those created by the CFS County Culture/Staff Retention Workgroup.

Strategy 18: Develop a more effective supervision model that addresses the needs of newly hired social workers in order to support their learning and ensure competency in their child welfare practice.

PROBATION

STRATEGY 1: Change the culture of the Placement Unit to increase the focus on reunification or other permanency outcome within 12 months.

STRATEGY 2: Explore ways to educate parents and legal guardians to increase their understanding and involvement in the process of rehabilitation and reunification.

STRATEGY 3: Increase documentation of monthly contacts with youth in CWS/CMS.

STRATEGY RATIONALE

CHILD WELFARE

GOAL: STRENGTHEN QUALITY CASE PLANNING AND FAMILY TEAMING TO IMPROVE TIMELY FAMILY REUNIFICATION.

PURPOSE AND RATIONALE:

Our goal to address Family Reunification is to improve case planning and teaming efforts with families. Through inclusive case plan development, the linkage between family needs and service planning improves. Families involved with Child Welfare face multiple challenges, some of which are related to the reason for Child Welfare involvement (i.e. impact of substance abuse on parenting) and other reasons (i.e. poverty) that complicate a family's functioning. It is important to drill down to the specific child safety issues when working with families to reunify with their children. Focusing on the harm and danger to the child will focus the social worker and the family to identify the behavioral changes that are needed to create future child safety. The Peer Review, which focused on Reunification within 12 months, identified some challenges related to engaging families. One finding stated: *Social workers are not fully engaging with parents, especially if parents are not easy to engage or ambivalent; strategies to motivate hard-to-engage parents should be explored.*

Family Teaming

The field of Child Welfare has long encouraged family teaming. One finding from the Peer Review was "…larger family networks, including connections and relatives are not always engaged as part of the safety network." Some recommendations from Peer Reviewers included:

- Work toward engagement of all parents;
- Improve the social worker's relationship with parent;
- Follow good social work principles by monitoring parent behavior and the impact that has on expectations.
- Engage all family, relatives, and family connections in team meetings, safety planning and case plans.

A variety of family team meetings have emerged over the years – Family Group Decision Making (FGDM), Team Decision Making (TDM), Wraparound Meetings, etc. Contra Costa County has primarily utilized TDM's since 2003 to team with families. We also utilize Wraparound meetings when Mental

Health is the primary issue. More recently Child and Family Team meetings have been created to meet the requirements of the Katie A. Settlement.

TDM's have been utilized most frequently on the front end of our system, during the Emergency Response phase. We have dedicated our resources to the target geographical areas in which the most removals have occurred. These regions have expanded with the changing demographics. We also used TDM's for Placement Change meetings with youth, and created a Youth Transition Meeting (YTM) based off the TDM model. The YTM is used with youth 17 and over and to ensure the 90 day transitional plans are completed.

With the implementation of Safety Organized Practice (SOP) in 2013, we have also begun discussions around utilizing SOP Mapping meetings with families. The SOP Mapping meeting was created to ensure that safety and harm are identified, complicating factors (those factors not specifically related to safety and danger) are sorted out and specific Safety plans were created. The SOP Mapping meeting is a meeting where the issues of harm, safety, complicating factors and protective capacities are outlined with the team, charted for the group, and then sorted to develop Safety and Harm statements. The group then can create clear and specific safety plans to address the safety and harm issues. Because the plans are specific, in essence using the SMART technique of case planning, it improves the worker's ability to measure specific behavioral change in the parent. As TDM is our primary teaming modality, we have begun infusing SOP concepts into our meetings. For example, instead of sorting "Strengths and Concerns," the TDM Facilitator facilitates "What's Working Well", and "Worries" conversations.

Case Planning

Contra Costa County is shifting from the Comprehensive Assessment Tool (CAT) to Structured Decision Making (SDM). We are in the process of implementing SDM and will begin utilizing the tools in December 2015, prior to the implementation of this SIP. There are several components of the SDM system that will support this strategy and in particular case planning. The social workers will complete the Family Strengths and Needs Assessment (FSNA) prior to every Case Plan and Case Plan update. The FSNA assessment analyses multiple domains including culture, caregiver functioning, and child/youth functioning. Caregiver domains include Resource Management/Basic Needs, Physical Health, Parenting Practices, Social Support System, Household and Family Relationships, Domestic Violence, Substance Abuse, Mental Health, Trauma, and Cognitive/Developmental Abilities. These domains are then prioritized by strengths and needs. The case plan can then be created with the prioritized needs in the forefront. The intention of this strategy is for the social worker to utilize this FSNA and its priorities to

work with the family in person to review the needs and develop plans of action (i.e. services) to meet these needs.

Families must have some internal need for change. Although social workers cannot "make" a parent change, the engagement process, coaching, and partnership can improve a parent's internal shift toward change. For the past several years, we have brought SOP and the techniques of motivational interviewing and solution focused questioning to our work. Social workers have been trained to utilize their skills to engage families in focusing on behavioral change. We believe that the confluence of SDM and SOP will strengthen our ability to engage families and thus improve our case planning with families.

We will implement the following strategies:

- Strategy 1: Strengthen quality case planning through the utilization of the SDM Family Needs and Strengths Assessment (FSNA tool) to inform and collaboratively identify critical family needs for individualized case plans.
- Strategy 2: Improve family teaming through increased use of Team Decision Making meetings (Family Team meetings) that use strength based collaborative strategies such as the Safety Organized Practice framework.
- Strategy 3: Improve family engagement by expanding and incorporating the strategies of the Safety Organized Practice framework into the casework of Social Workers.

Implementation of these strategies requires a systemic change to how we currently develop and create case plans. Although it has been an intention to ensure individualized case plans, actually achieving this goal has been elusive. Through implementation of the above steps and monitoring efforts, we believe we can make system change.

ACTION STEPS/EVALUATION:

We intend to implement a variety of strategies and action steps in order to realize this goal:

Strategy 1

We will ensure that social workers are trained to the use of FSNA and coached to prioritize strengths and needs as they develop case plans with families. We strive to eliminate the "cookie cutter" approach to identify needs and services for families. To support this action step, supervisors will monitor that case plans are tailored to meet the needs of the families as well as ensuring there was a collaborative approach to developing the plans. Initially staff will be trained to FSNA tool completion in November 2015. Supervisors are also trained and being provided coaching and advanced training between

November 2015 and April 2016. We will direct our SDM coaches to focus on this strategy with supervisors so they can do the parallel process in conference/supervision time. We will continuously identify further training needs as they arise. We will utilize the Continuous Quality Improvement (CQI) Collaborative to discuss this strategy and make practice adjustments as needed. This action step will be monitored in a variety of ways. First, we will use WebSDM and SafeMeasures to track the number of FSNA tools that completed. Our goal is that 100% of FSNA tools are completed. Second, we will utilize case readings by supervisor and/or the Quality Assurance division to compare the FSNA to the case plans. As we are implementing SDM, we will utilize SDM's recommended quality implementation target goals as part of our monitoring system. We will monitor timely reunification for the families in which FSNA's and collaborative case plans were completed. Our goal is to ensure that individualized case plan goals and services are reflected in 95% of the cases that have utilized a FSNA tool.

Strategy 2

To improve the case planning process, another step is increasing in-person meetings or series of meetings to develop the case plans. Through a small work group, we will identify the steps to ensuring positive parental collaboration and set forth a set of best practice recommendations. For example, we may identify that the use of Team Decision Making (TDM) meetings are ideal for developing case plans with families. We will also infuse the SOP framework into the TDM. This will ensure better alignment with our full implementation of SOP.

Strategy 3

We will complete our implementation of SOP, ensuring that all staff receives the SOP Overview, SOP training modules, and coaching sessions.

For tracking and evaluation purposes, we will monitor this strategy in our CQI Collaborative Meeting. We will also develop ways to elicit feedback from our parents about the teaming process and make adjustments as needed. Quantitative measures include ensuring 100% of Reunification Re-assessment tools are completed on a timely basis. We will monitor these cases to track how reunification progresses and whether there any future safety issues that arose. This may be tracked via the safety and reentry measures. Qualitatively, we will monitor the trends that are revealed in our ongoing state Case Reviews. For the implementation of SOP, we will create a baseline survey to establish our level of implementation and then conduct a similar survey 1-2 years post full implementation.

Our partners for this strategy include our Parent Partners. Parent Partners are available for all families who are in the Reunification process. This is a voluntary service for families and has show positive results

for the past 10 years of implementation. Parent Partners routinely coach and mentor their families to work productively and proactively with Child Welfare and their social worker. We will continue to leverage these relationships in this strategy.

GOAL: ASSURE CHILD SAFETY AND INFORM PERMANENCY PLANNING THROUGH IMPROVEMENT IN FREQUENCY, TIMELINESS, AND QUALITY OF SOCIAL WORKER VISITS.

PURPOSE AND RATIONALE:

Safety of children is first and foremost in our work. The key to ensuring child safety is visiting children in their homes and foster placements. It goes without saying that laying eyes on a child, spending time inquiring about his or her well-being, and ensuring his or her needs are being met will ensure child safety. Social Workers value child visits. They work diligently to ensure they conduct face-to-face visits with the children on their caseloads.

Our strategies will address improved federal compliance and improved quality of visits. First, as outlined in the discussion of Measure 2F, federal requirements mandate we visit children monthly 95% of the time. This measure is calculated both monthly and on a rolling annual basis. As noted in our Outcome section, in this current quarter (Q2 2015) we are performing at 89.7%, just slightly below the previous national standard of 90%. We will need to improve this compliance by 5.3% to meet the new standard.

Second, we want to ensure our face-to-face interactions with children of sufficient quality to ensure child safety in their homes and out-of-home placements. For placement cases, we are visiting children more than 50% of the time in their residence (73.9% Q2 2015). This is a good start to ensuring our children are safe. While increasing our compliance to 95%, we also want to beef up the interactions social workers have with their children. Some of the ways that we envision improved child engagement is building on the increased use of SOP techniques such as using solution focused interviewing questions, utilizing the "Three question" (worries, what's working, next steps), and using the Three Houses technique when appropriate. Supervisors expressed in the CSA focus group that "Safety Organized Practice is impacting practice; three quarters of the workers are in training and staff are bringing back the technique of the 3 Houses from training, saying the benefits outweigh the time needed to complete the process with families".

As we have addressed in the CSA, Contra Costa County has a novice workforce. This workforce is primarily comprised of master's level staff, both MSW and other degrees such as MFT. Despite high

levels of education, child welfare is a job that you learn as you go, thus utilizing solid training in CORE and Child Welfare Advances Skills and developing clear policies will help new social workers and supervisors make quality decisions. These strategies should also improve the practice in our workforce, which will in turn, improve our compliance and quality.

We will implement the following strategies:

- Strategy 4: Improve timeliness and quality of child and family visits through the utilization of engagement strategies, by monitoring quality of visits and by tracking compliance of visits.
- Strategy 5: Improve child safety and increase reunification of families through consistent and quality implementation of Structured Decision Making practice.

ACTION STEPS/EVALUATION

Strategy 4

Improve timeliness and quality of child and family visits through the utilization of engagement strategies, by monitoring quality of visits and by tracking compliance of visits. In order to implement this strategy, we will issue a Department Memorandum regarding the compliance measure for 2F, formerly 2C. Then we will monitor our compliance through SafeMeasures on a monthly basis. Currently Division Managers review their compliance rates each month and bring them to the management team meeting (CSAT) to discuss. CSAT then will discuss this measure and compliance and make policy recommendations as needed to ensure compliance.

To ensure quality visits, we will develop policy regarding utilizing child engagement strategies during home visits. We will build upon current tools and polices we have in place. For example, we have recommended interview questions for children that are given to each social worker. We will develop a workgroup to develop these recommendations and policy. Then we will develop a training plan which will include advanced training on Solution focused questions and SOP child engagement skills. We will engage our SOP Coaches to provide extra support for social workers to implement this strategy.

To monitor quality visits, we will utilize our policy of Quality Contacts which dictates supervisors are to review 6 months worth of contacts at the time of every court Status Review hearing. We will add in the review of the child visits to "read" for "quality" which will include the use of the above techniques. The Quality Assurance Division will develop a set of measures to help with this case reading process. We will utilize the CQI Collaborative meeting to develop a schedule and mechanism for reporting on these case reading results.

We have not utilized Case Reading as an evaluation method in Contra Costa County. Thus this will impact our work at a systemic level. The CQI Collaborative team will be used to support this systemic change as well as utilizing technical assistance from the staff at CRC, who have develop Case Reading approaches.

Strategy 5

Strategy 5 will Improve child safety and increase reunification of families through consistent and quality implementation of Structured Decision Making practice. A workgroup will be convened to oversee implementation. Supervisors and Social Workers will be trained. Usage of tools will be monitored using Safe Measures and benchmarks will be tracked as recommended by the Children's Research Center.

GOAL: INCREASE TIMELY AND QUALITY COMPLETED FIRST CONTACTS WITH CHILDREN IN 10 DAY REFERRALS TO ASSURE CHILD SAFETY.

PURPOSE AND RATIONALE:

Child Welfare is mandated to ensure safety of children. There are two response times required in child abuse investigation referrals, immediate response (respond within 24 hours) and response within 10 days. The compliance standard in California is 90% of in person responses must be within 10 days. Division 31 regulations allows for attempted face to face contacts to count as being in compliance with this standard. Measure 2D eliminates the "attempted" contact in its methodology and only includes completed contacts. This reveals our true rate of face to face investigations.

Over the past several years, we have made strides to ensure the Emergency Response staffing has been a priority. We monitor our referral caseloads on a monthly basis. With each hiring round, the management team reviews the referral statistics and ensures the staffing resources are allocated appropriately. For example, our East County Operational division, which covers the cities of Pittsburgh, Antioch, Brentwood, etc. consistently handles 45% of the total referrals countywide. As a result, we have allocated a proportionate amount of staff to East County. Of the 34 Emergency Response Staff, 16 are assigned to East County (45%).

Our strategies will blend action steps that address improving timeliness as well as improving quality of those contacts.

- Strategy 6: Develop and implement policy and practice that ensures that children and families are seen within 10 days of the receipt of child abuse referrals.

- Strategy 7: Utilize the SDM Safety Assessments to ensure the accurate assessment of children's immediate safety and develop quality and timely Safety Plans that accurately address threats to a child's safety to remain in the family home.

ACTION STEPS/EVALUATION:

Strategy 6

The prior standard of including attempts as a measure of compliance has been county practice for many years. These strategies will be implemented in order to make changes to our policy and practice. The current policy will be reviewed and modified to ensure it facilitates the new standard of timeliness. Then we will develop an action plan for providing training and support to social workers and supervisors in order to implement this practice. The implementation of this strategy is a systemic change for our county. As mentioned earlier, the standard has been to consider attempted contacts as being in compliance. We will need to partner with our policy staff, staff development, supervisors and others to ensure improvement in this measure.

Strategy 7

To improve quality of contacts, activities to support this strategy include the continued use of the Safety Organized Practice (SOP) approach and monitoring the use of the SDM Safety and Risk Assessment tools and the development of Safety Plans with families. As safety is a priority, the SDM Safety assessment tool and use of a Safety Plan with families will improve our staff's quality of interaction with families. Additionally utilizing the Risk Assessment tool, the social worker can be guided in his or her decision to open a case or not with the family.

We will monitor this measure by tracking our Safe Measures and WebSDM reports and review them on a monthly basis. This will entail a multilevel tracking responsibility that will include tracking by supervisors, managers, the management team, and Quality Assurance Division. Adjustments will be made as needed to ensure improvement in this measure. This may include increased staffing, training, or redistribution of resources.

GOAL: IMPROVE PERMANENCY OUTCOMES BY INCREASING THE RATE AND QUALITY OF RELATIVE/NREFM PLACEMENTS.

PURPOSE AND RATIONALE:

Stakeholder feedback from the CSA revealed a need for more relative caregiver resources. Contra Costa has a lower percent of children in relative placements than foster home placements, FFA, and group homes. We currently have 277 children (25%) in relative Placements. In the current quarter (Q2

2015) our first entry into relatives is 24%. The purpose of this strategy is to focus on increasing relative placement options, improving the support to relatives, and overcoming any barriers in the way of arranging elative placements.

Being cognizant that Continuum of Care Reform (CCR) and Resource Family Approval (RFA) will impact the landscape of placements, we want to focus our attention on ensuring that relative homes are recruited, supported and utilized for the care of our children. AB403 defines Continuum of Care as the spectrum of care settings for youth in foster care, from the least restrictive and least service-intensive to the most restrictive and most service-intensive. CCR's goal is to reduce the current way Child Welfare uses congregate care. CCR will reduce placements in congregate care and will require more Resource families. Resource families include non-related foster families, relatives and NREFM families. Under the umbrella of CCR, the Resource Family Approval (RFA) process is being implemented in January 2017. The purpose of the Resource Family Approval Program is to implement a unified, family-friendly, and child-centered resource family approval process to replace the existing multiple processes for licensing foster family homes and approving relatives and non-relative extended family members as foster care providers, and approving families for legal guardianship or adoption. In the near future, relatives will be approved using the RFA as opposed to the Relative Approval process. RFA strives to do the following:

- Streamline process: It eliminates the duplication of existing processes.
- Unifies approval standards for all caregivers regardless of the child's case plan.
- Includes a comprehensive psychosocial assessment, home environment check and training for all families, including relatives.
- Prepares families to better meet the needs of vulnerable children in the foster care system.
- Allows seamless transition to permanency.

In 2014, the University of California, Berkeley conducted a descriptive study called "Outcomes and Experiences of children in Family-Based Care Settings". This study evaluated needs of caregivers in Alameda County and Contra Costa County. Findings discussed the issues facing Contra Costa County caregivers, both kin and non-kin, and what they need to help their work with children. The top three issues were: (1) additional financial resources and/or vouchers; (2) responsive social workers; and (3) services for the child. This study found that relatives are strained financially, frustrated with the lack of communication and support from social workers, and needed easier access to services.

Strategies to improve permanency outcomes by increasing the rate and quality of Relative/NREFM placements include:

- Strategy 8: Increase the rate of children placed with relatives and NREFM's by improving the efficiency of the Relative Approval Emergency Placement Process.

- Strategy 9: Expand Relative Notification and Family Finding efforts in order to increase the pool of available quality approved relatives.
- Strategy 10: Improve partnerships and communication with caregivers through the efforts of the Caregiver Steering Committee.
- Strategy 11: Develop and implement a county-wide Specialized Care Increment (SCI) program (called Difficulty of Care in Contra Costa) to enhance support to caregivers for children with special care needs.

To implement this strategy we will partner with our Caregivers, kin and non-kin, Relative Approval staff, Caregiver Liaison, Courts, and policy staff. As barriers are identified, we will identify other partners to assist with improvement in this strategy.

ACTION STEPS/EVALUATION:

Thus these strategies will focus on improving our work with relatives. We plan to implement a number of action steps that include:

Strategy 8

To improve the Emergency placement procedures to increase first entries into relative placements we will develop and implement strategies, practice, and protocol for emergency placements with relatives before Detention hearings. We will develop a workgroup to review the existing Emergency Placement protocols in order to identify gaps and barriers to relative placements. The workgroup will develop a set of recommendations and action plan for improving this process.

Strategy 9

To improve Family Finding efforts in order to widen the net to find relative placement options, we will build upon our current Family Finding and Relative Notification policies and procedures and improve how we communicate and document found family.

Strategy 10

In May 2015, the CFS Director convened a Caregiver Steering Committee which is comprised of staff, relative caregivers and licensed foster parents. The purpose of this is to focus on improving the relationship between CFS and the care giving community. We will continue this committee's work to isolate why our social workers struggle with being responsive to caregivers. We will commence a conversation about how to improve communication and develop policy and protocols to support our focus. This will support our efforts to improve the communication and responsiveness between social workers and caregivers.

Strategy 11

Addressing the allocation of supportive resources such as ensuring all relatives are assessed for Difficulty of Care rates (DOC)[1] enhances the ability of caregivers to meet the special needs of children in their care. Since relatives are not as savvy to the Child Welfare system, they often are not aware of the supports available to them, including financial supports. We will focus our attention on ensuring relatives have the same information and access to resources as any other non-kin caregiver. We will look to create supports such as improving how we communicate the supportive services we have.

To evaluate all of the above strategies, we will monitor by tracking trends of first entries and least restrictive placements through the UC Berkeley website, SafeMeasures and our county specific Relative Approval data base. We will also monitor qualitative trends through our state Case Review process. We will look for strengths in engaging relatives, how the process is working or not, and identify practice improvements over the life of the SIP.

GOAL: IMPROVE THE HEALTH AND MENTAL WELL BEING OF CHILDREN SERVED BY CHILDREN & FAMILY SERVICES AND IMPROVE ACCESS, TIMELINESS AND QUALITY OF THESE SERVICES.

PURPOSE AND RATIONALE:

Foster children typically have higher rates of serious health, emotional, behavioral, and developmental problems as compared with other children with the same socio-economic background. These children have a tremendous need for access to health care services for evaluation and treatment of complex health problems. Child Welfare is charged with ensuring that its children are seen in a timely and qualitative manner and that issues of health and well-being are addressed.

Our data indicates that our tracking of our health screenings has decreased. Through our evaluation in the CSA we know that we want to improve the tracking and input of data into our CWS/CMS system. Additionally, with the passage of Senate Bill 319, there is an increased role in oversight and monitoring of the use of psychotropic medication for youth in foster care. We will be endeavoring to improve our relationship with the Public Health Department to ensure that our children's health needs as well as oversight of psychotropic medications improves within this partnership.

ACTION STEPS/EVALUATION:

In order to meet this goal, we will implement the following two strategies:

[1] Difficulty of Care (DOC) is the Contra Costa County Specialized Care Increment Program.

- Strategy 12: Improve children's health and mental health well being by evaluating and monitoring to ensure consistent tracking of Mental Health assessments, referrals and services and utilization of psychotropic medications.
- Strategy 13: Improve access and timeliness to medical services by improving collaboration with county public health department CHDP nurses in CWS offices, Receiving Centers and Foster Care clinics.

Strategy 12

To support improvement in tracking Health and Education as well as authorizations for psychotropic medication, clerical staff will be trained in the use of CWS/CMS for entering and tracking data. CWS/CMS as well as Safe Measures and MediCal will be used to track improvement in recording relevant information.

Strategy 13

Improved collaboration with County Public Health Department CHDP Nurses will begin with a revision to the Memorandum of Understanding and ongoing collaboration to enrich the support to the Social Workers though the use of dedicated public health nurses.

To evaluate our improvement in these areas, we will utilize our CQI Unit to track our HEP entries, monitor the rate and number of Mental Health assessments, and develop an enhanced tracking of the medication usage rates. We have entered into a Global Data Sharing Agreement with CDSS and anticipate that our tracking and monitoring will be robust going forward.

GOAL: STRENGTHEN STAKEHOLDER COLLABORATION IN ORDER TO ADDRESS ISSUES OF CHILD WELFARE DISPARITY AND CULTURALLY SPECIFIC COMMUNITY SERVICES; IDENTIFY AND PRIORITIZE DIRECT SERVICE RESOURCES AND DELIVERY; AND IMPROVE PARTNERSHIPS ON BEHALF OF CHILDREN IN CONTRA COSTA COUNTY.

PURPOSE AND RATIONALE:

In both the CSA and FACT Needs Assessment survey, community and parent stakeholders revealed concerns in our service array for different communities. Moving forward, we believe building our collaboration and partnership with agency partners and community stakeholders will be beneficial to address collaboration and Service Array. Although we have continued to have ongoing community collaborations which we call Community Partnership Meetings, they are regionalized. To increase the knowledge base, we will establish a broad collaboration with a wide range of public and private agencies and community based organization, including families, parents, and youth who have been involved with the Child Welfare System from all regions of the county. We will use this Collaborative to enhance our

ability to collect information on at-risk populations, target areas, assess service needs, identify gaps in services, select priorities for funding and services, formulate goals and objectives and develop opportunities for bringing more effective and accessible services for children and families. Additionally we will utilize this forum to delve further into reasons why we have disparity in our Child Welfare System.

The following comment was made, "The past few years have been difficult for everyone with resources disappearing. We have seen service cuts, reduced staffing and lost community resources both in the county and non-profits. We are coming out of that period and hope to rebuild resources and staff connections. Together we have a lot of training to do. Improved child outcomes are directly related to having a healthy, well-funded system of support." This comment is related to the fact that many contracts were cut during the recession as well as the fact that non-profits were negatively impacted by the recession with less funding opportunities outside of the county's resources.

In our CSA, social workers shared a frustration with being able to efficiently and in a timely fashion access resources and service referrals for their families. Although we have 211.org, Surviving Parenthood guide, regular Resource Blasts from our Family Engagement unit, staff still struggle with finding specialized, current and relevant services in a timely manner. We will endeavor to develop a system to bring all our resources together under the umbrella of a referral service.

- Strategy 14: Partner with county agencies and Community Based Organizations to develop a Stakeholder Forum to address issues facing children in Contra Costa including racial disparity and gaps in available services.
- Strategy 15: Ensure access to community resources and services through more effective systems for locating service providers offering appropriate services.

ACTION STEPS/EVALUATION:

Strategy 14

The primary action step for addressing this strategy is creating a collaborative forum to facilitate conversations about service resources, needs and gaps, as well as holding critical conversations about disparity in our system. Partners will include OCAP, county child-serving agencies (i.e. mental health, probations, etc.), Culturally-specific Community Based Organizations, Service Providers, parents, and youth. This collaboration will develop a charter, vision and goals. Deliverables may include a County action plan, ideas for partnership for funding, developing service collaborations, and the like. We will allow this group to define itself, but Child Welfare will take the lead in creating the forum, inviting the partners, and facilitating the process. We will also link this collaborative group with our current

Community Partnership meetings which are held in the three regional areas of West, East and Central County. An information dissemination mechanism will be created between the two meetings.

Measuring increased collaboration is more of a qualitative process. We will use a CQI approach to monitoring our progress. Some ways we may measure change or improvement is to do pre-collaboration surveys, perhaps similar to the stakeholder survey developed in the CSA. Then on a periodic basis, re-implement surveys to measure progress. Another way to measure collaboration is tracking the collaborations that are developed, i.e. two agencies collaboration on a grant.

As it relates to disparity, we will continue to monitor our CFSR outcomes, drilling down into our ethnic/racial groups. As we know, making systemic change in this area is difficult as the greater society plans a significant role in why children of color are treated differently in our system. However, we will monitor our data and identify if there are any specific action items that can be implemented to address a specific issue. 1. Broad involvement and consultation with a wide-range of appropriate public and private non-profit agencies and community-based organizations and parents, including families, parents, and youth who have been involved with or are currently receiving child welfare services.

Strategy 15

In order to develop a relevant service delivery referral system, we will need to conduct research into what models are currently in use by other counties, fields, or jurisdictions. We will identify resources, including technological and staffing, to make this a robust and user friendly service for our staff and families.

GOAL: DEVELOP A TRAUMA INFORMED WORKPLACE THAT ENSURES A HEALTHY AND COMPETENT WORKFORCE.

PURPOSE AND RATIONALE:

Current best practice supports a coordinated approach to building a responsive trauma informed system of care. According to the Sanctuary Institute (www.thesanctuaryinstitute.org), most organizations, like Child Welfare, are not equipped to manage multiple internal and external stressors, yet are charged with managing the adversity faced by the clients we serve. When an organization cannot manage this adversity, the cost to the agency includes: turnover, loss of productivity, employee satisfaction, poor communication, limited capacity to deliver high quality services and poor outcomes for children and families.

As was discussed in our CSA, we have faced the challenge of recruitment and retention of social workers. We have made great strides in our recruitment and hiring process and hired approximately 67

social workers in the last year. However, we have seen the same number leave the agency, leaving us back where we started. We have a general idea what impacts our turnover and Exit interviews conducted by our agency and a survey conducted by CalSWEC[2] provide further information. Issues include compensation & benefits not being adequate, lack of ability to grow, lack of supervisory support, and high caseloads.

As an agency, we are very concerned about the continued turnover and the impact the work is having on our staff. In particular, we believe that if we implement a focus on creating a health workplace that provides the support staff need to handle the stressors of the work as well as learn the job skills, we may see a more competent and stable workforce.

We are interested in utilizing a trauma sensitive perspective to develop our framework in this area. In its fact sheet, "Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals", the National Child Traumatic Stress Network (www.NCTSN.org) shares that there are several studies that show that the "development of secondary traumatic stress often predicts that the helping professional will eventually leave the field for another type of work." They write further that up to 50% of child welfare workers are at high risk of secondary traumatic stress or the related conditions of PTSD and vicarious trauma.

Over the past two years, two internal, staff led workgroups have been meeting to address issues affecting our staff. The first convened in 2015 and is called the County Culture Workgroup. This workgroup's purpose is to look at ways to improve and create a positive CFS culture. The second workgroup, Staff Retention, convened in 2014 to come up with specific ways to retain staff. These two groups merged in mid 2015 and are now combined as County Culture/Staff Retention Workgroup. This workgroup has promoted a variety of strategies to improve retention. We will incorporate these into our SIP.

Finally, we also have seen from our Exit Interviews that social workers have noted a lack of supervisory support, particularly in the area of content knowledge and support. As we continue to ride through a variety of upheaval in our offices and bring on newer and more inexperienced social workers, we want to create a flexible and comprehensive Supervisory framework. Many of our supervisors are new to their roles and will benefit from a clear way of conducting supervision which will be aimed at improving our ability to train staff on the job effectively.

[2] CalSWEC Child Welfare Workforce Study: Phase 1, Report for Contra Costa County 2015.

ACTION STEPS/EVALUATION:

There are number of strategies that are recommended for prevention and intervention. We will deploy the three strategies below to create a cohesive approach to improving the workplace.

- Strategy 16: Employ trauma informed strategies to create a healthier workplace and address the secondary trauma that staff faces in their daily work.
- Strategy 17: Develop, prioritize, and implement staff retention strategies such as those created by the CFS County Culture/Staff Retention Workgroup.
- Strategy 18: Develop a more effective supervision model that addresses the needs of newly hired social workers in order to support their learning and ensure competency in their child welfare practice.

Strategy 16

Activities under Strategy 16 include developing and implementing a 5 year strategy and plan to identify, define and implement strategies that will best support staff in their work with families. Subsequent activities will involve training on identified models that support addressing issues of secondary trauma and engaging staff in conversations that support their well-being and the improve the workplace environment.

Strategy 17

Strategy 17 focuses on staff retention ideas being explored by the CFS County Culture/Staff Retention Workgroup and explores ways to recruit more social workers. Continued use of exit interviews to glean information about what is working and what is not will also support efforts to create a desirable work place and environment to increase retention.

Strategy 18

Activities will focus on enhancing the role of supervision for efficiency and efficacy through identifying and implementing best and promising practice supervisory models and coaching and on the job training for supervisors.

To evaluate these strategies, we will monitor staffing patterns including exits and leaves of absences; track Exit Interview results for improvements; conduct a follow up CalSWEC Workforce survey.

PROBATION

STRATEGY 1: CHANGE THE CULTURE OF THE PLACEMENT UNIT TO INCREASE FOCUS ON REUNIFICATION OR OTHER PERMANENCY OUTCOMES WITHIN 12 MONTHS.

PURPOSE AND RATIONALE:

One of the key findings from the recent CSA was that a change in the culture of the Placement Unit is necessary to increase the focus on timely and successful reunification. Probation will arrange with various providers, including the UC Davis Resource Center for Family Focused Practice and Bay Area Legal Aid to provide increased training to DPOs about the importance of permanency and the tasks and efforts DPOs can put forth when working with the families and youth that may reduce the period of time in care and increase the rate of reunifications and other types of permanency.

As with CFS caseworkers, family engagement can be impacted because of the changes in assigned DPOs. Probation will explore strategies to assure smoother transitions for families when cases are transferred or reassigned between DPOs.

Reunification is not always possible and / or in the best interest of the minor. Probation will increase the use of Family Findings and explore alternatives to congregate care for youth who will not be reunifying.

ACTION STEPS:

- Increase training to DPOs about the importance of permanency and the options available to youth
- DPO to increase attempts to engage with family, relatives and non-relative extended family members
- Increase number of contacts and attempts to contact with parents, relatives or prospective guardians
- Increase use of Family Findings
- Explore strategies to assure smoother transitions for families when cases are transferred or reassigned between DPOs

STRATEGY 2: EXPLORE WAYS TO EDUCATE PARENTS AND LEGAL GUARDIANS TO INCREASE THEIR UNDERSTANDING AND INVOLVEMENT IN THE PROCESS OF REHABILITATION AND REUNIFICATION.

PURPOSE AND RATIONALE:

The rate of reunification or other forms of permanency for probation youth can be impacted by the youth's families. Some parents are cooperative, informed, engaged, and actively contributing in the

rehabilitation and reunification process of their child. However, for many youth, reunification and efforts to establish other types of permanency is hampered by the family.

Many families lack knowledge about the juvenile justice system and do not understand what it means that their child has been declared a ward and ordered into out of home placement. These families frequently do not seek out the information they need. Some parents view Probation as an adversary; the government agency that took their child away. The animosity they harbor interferes with a productive working relationship. A disinterest by some family members in being involved in the rehabilitative process of their children is a reoccurring factor. There are parents who decide to "wash their hands" of their youth and refuse to allow them to return home. Some parents intentionally separate themselves from the process due to their frustration or disappointment with the child and their involvement in delinquent behavior. Many parents and relatives of probation youth are themselves involved in the justice system as consumers. The notion of increasing their contact with Probation and rehabilitative processes is unappealing.

For some families, a lack of knowledge of the available resources in the community and the services available at their child's placement impede their engagement in the rehabilitative process. Commonly observed is a lack of knowledge on the process to obtain services or follow through on obtaining services. Some families report a lack of financial resources, communication technology or transportation as impediments to their ability to visit their child regularly, consistently participate in family counseling sessions, or utilize community based resources.

ACTION STEPS/EVALUATION

- DPO to increase attempts to contact and engage family, relatives and non-relative extended family members in the rehabilitative process of their children through phone calls, letters and emails, and/ or face to face meetings on a monthly basis.
- Probation will explore ways to educate parents and legal guardians to increase their comfort, understanding and involvement in the process of rehabilitation and reunification.
- Probation will look for ways to inform parents and legal guardians of the existing resources in the community and to support parents and legal guardians through referrals to providers of services for housing, employment, parenting classes, counseling and substance abuse treatment.
- Probation can increase support of families by monitoring whether available services are utilized and recognize that assessment of needed services is an ongoing process.

STRATEGY 3: INCREASE DOCUMENTATION OF MONTHLY CONTACTS WITH YOUTH IN CWS/CMS.

PURPOSE AND RATIONALE:

In terms of CWS/CMS, if information, specifically monthly contacts, is not noted in the system, it is as if the monthly contact did not happen. As previously mentioned, our need for improved performance with measure 2F F2 is not with conducting the monthly visits, it is with consistently documenting the visits in CWS/CMS. Probation's biggest barriers have been identified as a lack of competency by some staff with using CWS/CMS, an insufficient work force to perform the data entry, insufficient access to the database when staff are traveling to programs or otherwise away from the office, and a lack of oversight by the supervisor and manager due to other demands had exasperated and prolonged the inadequate performance on mandated data entry in CWS/CMS.

In an effort to address some of these items, Probation has already implemented several strategies. Probation has obtained additional trainings through the UC Davis Resource Center for Family-Focused Practice for our DPOs, unit clerks, the unit supervisor and the manager, and clerks, and will continue to do so. Probation has adjusted the assigned duties of a second Probation Clerk to assist the current Placement Clerk with inputting information into CWS/CMS. We have increased accessibility to the CWS/CMS site by adding a second computer monitor to each DPO and clerk workstations. We have purchased laptops, one for each placement DPO, for their use while in the field. We added three additional DPO positions to the Placement Unit, bringing the total number of Placement DPOs from six to nine. Although one position is currently vacant, the goal is to fill the position by March 2016. Conversations about allocating another supervisor to the Placement Unit have also been initiated with Administration. Lastly, a recent reassignment of one of the other major responsibilities of the Probation Manager who oversees the Placement Unit, has allowed the manager to have more time to be dedicated to monitoring the DPOs efforts and compliance with CWS/CMS data entry.

ACTION STEPS/EVALUATION

- Obtain additional trainings through the UC Davis Resource Center for Family-Focused Practice for our DPOs, unit clerks, the unit supervisor and the manager.
- Establish and maintain a fully staffed unit with fully trained DPOs. This should help create smaller caseload numbers for the DPOs and further improve their ability to input the monthly contacts, as well as other information into CWS/CMS.
- Management to regularly utilize Safe Measures.

CHILD WELFARE/PROBATION PLACEMENT INITIATIVES

There are myriad initiatives facing the State of California and Contra Costa County is involved with numerous of them. We will describe each initiative below including the extent to which Child Welfare and Probation are involved in the initiative.

SAFETY ORGANIZED PRACTICE (SOP)

In 2013, Child Welfare began implementation of SOP. Safety-organized practices are both practice strategies and concrete tools for "on-the-ground" child welfare workers, supervisors and managers to enhance family participation and foster equitable decision making. Safety-organized practices are child welfare approaches focused on the safety of the child within the family system. The SOP methodology is informed by a variety of best- and evidence-informed practices, including group supervision, Signs of Safety, Motivational Interviewing, and solution-focused treatment. Safety-organized practice brings a common language and framework for enhanced critical thinking and judgment on the part of all involved with a family in the pursuit of a balanced, complete picture of child welfare issues.

To manage the implementation of SOP, an Advisory Group was formed and meets monthly to discuss implementation successes and challenges, as well as develop recommendations for SOP Practice. The Advisory Group developed a Dispo form that incorporates SOP elements. Safety planning and Harm and Danger statements are being worked on currently.

KATIE A. PRACTICE MODEL

Per the Katie A., Child Welfare and Mental Health have worked collaboratively to meet the requirements set forth by the Settlement Agreement. A Katie A Workgroup has met for several years to create a working collaboration and effective system for our children.

In 2014, a new protocol was established that requires a social worker to submit a mental health referral to the mental health liaison for a child on every new and existing child welfare case. The mental health liaison meets with the social worker to discuss the child's needs and completes a mental health screening tool (MHST).

The assessment information, including the child's trauma history, assists mental health staff in choosing the best mental health interventions/services for the child. Behavioral Health contracts with outside In-Home Behavioral Support (IHBS) services programs to ensure expedited accessibility to IHBS services for eligible children.

EXTENDED FOSTER CARE (AB 12)

Extended Foster Care (AB 12 Foster Connections Act) was implemented in 2012 by Child Welfare and Probation. Contra Costa's AB 12 workgroup, which began meeting in 2010, continues to assemble and members participate in a cross county Learning Collaborative to discuss policy, successes, challenges, and strategies with staff in neighboring counties. A desk guide is being created to guide case planning with Non-minor Dependents (NMD). Child Welfare and Probation continue to evaluate organizational alternatives that would best support NMDs. Re-entry cases are primarily focused in a specialized unit but district staff retains cases of youth who transition to NMD status.

APPROVED RELATIVE CAREGIVER (ARC) PROGRAM

The Approved Relative Caregiver (ARC) Funding Option Program gives counties the option to provide funding equal to the basic foster care rate to an approved relative caregiver with whom a non-federally eligible child is placed. Such a non-federally eligible child must reside in California and be a dependent or ward of the juvenile court. When a child is removed from the physical custody of a parent, federal and state laws require that preferential consideration be given to placing the child with a relative. Although placement with a relative is the preferred least restrictive placement, the funding of that placement depends upon whether the child is eligible to receive federal Foster Care. While Foster Care payments may be made to an approved relative on behalf of a federally eligible child, an approved relative who cares for a non-federally eligible child in foster care is not eligible to receive Foster Care under state law. When a non-federally eligible child is placed with an approved relative caregiver, the relative may apply for California Work Opportunity and Responsibility to Kids (Cal Works) payments on behalf of the child. The Cal Works benefits are not a per-child payment, but are based on the size of the family as a whole, and are substantially less than the Foster Care rate. CCC opted into ARC and is in the early stages of implementation. This benefit will impact both Child Welfare and Probation families.

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN/YOUTH (CSEC)

SB 855 modified W&I Code 300(b) to define sexual exploitation as Sexual Abuse and require mandated child abuse reports of CSEC, investigation by Emergency Response and opening a child welfare case if required. CDSS will report to state legislature in 2017 in anticipation that this will become a required program.

Contra Costa has opted into the CSEC Program. Research shows that 60-80% of CSEC youth were sexually abused and involved in child welfare. This program requires a countywide, multi-disciplinary approach to CSEC identification, data collection and multi-disciplinary (MDT) case review at macro and case levels. A CSEC Steering Committee was established and is chaired by Child Welfare and Probation. Committee members include the Juvenile Court, County Counsel, DA, PD, victim advocates, service providers, school districts, law enforcement, mental health, and public health. The Committee will develop countywide protocols for identifying and developing a system response for children vulnerable to sexual exploitation and those already being exploited.

Advantages of program participation include funding for interagency collaboration, increasing outreach and services to CSEC youth, support to case manage CSEC youth, and prevention and early intervention with at-risk children. CFS is required to be the lead agency in the program to access state funding. Requirements include data tracking, screening and identification of CSEC at risk and in risk youth; MDT development (emergency, initial and ongoing): collaboration with required partners; and training for foster youth, caregivers and staff. Changes will impact the current foster youth population and will create infrastructure and improved services for the CSEC population.

Bay Area Academy has provided CSEC 101 training for all social workers, social case work assistants, ILSP staff, supervisors, analysts and managers. The Permanency and Transition Unit will pilot a Screening Tool developed by West Coast Children's Center. This tool will be used, once validated, throughout CFS. Probation staff have also been trained to CSEC awareness and plan to join the West Coast Children's Center Pilot research project in the fall of 2015.

STRUCTURED DECISION MAKING

Child Welfare has been using the Comprehensive Assessment Tool but will transition to Structured Decision Making. SDM tools integrate with Safety Organized Practice (SOP) including providing behaviorally specific definitions of abuse and neglect. Other advantages:

- Improved training and system support by CRC and State
- Improved safety for children
- Decrease in recurrence of abuse and re-entry into foster care
- Improved and early permanency planning
- Enhances consistency in decision-making across Operations and district offices
- Brings CCC in line with 56 other counties using the same Risk Assessment tool.

The "Go Live" date for SDM is 12/1/15. This will be a web-based tool that can be accessed by devices in the field such as iPads. An Implementation Committee convened in June 2015 and has developed a training plan which will begin in September 2015.

CONTINUOUS QUALITY IMPROVEMENT SYSTEM

Federal ACF Children's Bureau Memorandum 12-07 (August 27, 2012) encouraged states to create a Continuous Quality Improvement (CQI) plan within their Child Welfare programs. The purpose is to identify and analyze strengths and problems, implement and revise solutions; establish a proactive culture that supports continuous learning. CQI is grounded in mission, vision, and values and involves staff, families, and stakeholder participation. The five key CQI components are foundation and administrative structure, quality data collection, ongoing case review, analysis and dissemination of performance data, and process for feedback. Child Welfare created a CQI Division in July 2015 to develop a CQI System for CCC.

CASE REVIEWS (component of CQI system)

As part of the CQI System, CDSS requires all California counties to conduct ongoing case reviews. Contra Costa will be required to review 100 cases per year. State level case review data will be reported to the Federal government. CFS will use county level data to create a learning environment, track performance and outcome trends, and improve practice. Child Welfare will complete the case reviews for Probation.

Advantages include:

- Develops a mechanism for identifying trends and best practices
- Creates a feedback loop for data to all levels of staff
- Creates a learning environment

LINKAGES

"Linkages" is the term used in Contra Costa County to name the philosophy and working partnership between Cal Works, Children & Family Services (CFS), and community-based partners - *Linkages is a practice, not a program*. It enhances connections to agency and community services and resources that provide a network of support for the family.

The purpose of Linkages includes the following:

- To involve family early on in the case coordination process.
- To streamline case plans, services, goals and timelines which will make more efficient use of time, energy, and resources.
- To enhance access to services for domestic violence, mental health, alcohol or other drug abuse and other barriers to self-sufficiency.
- To increase case plan success; higher accountability.
- To enhance communication.
- To provide post-CFS support that links families to community resources and services to meet the specific needs of the family and child(ren).

Families will attend a Linkages Team Meeting with Cal Works and CFS social workers, service providers and family support to determine who will be responsible for what. The CFS and Cal Works social worker will take the agreements made at the meeting and develop their own state mandated case plan for the parent with clear communication of who is providing what service and what the parent agrees to participate in.

IMPROVING SAFETY FOR CHILDREN IN FOSTER CARE RECEIVING PSYCHOTROPIC MEDICATIONS

The Child and Family Services Improvement and Innovation Act of 2011 (Public Law 112-34) requires State Title IV-B agencies to improve the oversight and monitoring of psychotropic medication and to include as part of their Health Care Coordination and Oversight Plan comprehensive description of protocols planned to ensure the safe and appropriate use of these medications. California law (Welfare and Institutions Code sections 369.5 and 739.5) requires juvenile court authorization prior to the administration of psychotropic medications to children and youth in foster care. The Psychotropic Medication Protocol, also referred to as the JV220 process, initiates the court authorization of psychotropic medications for dependents of the court. While this process provides a certain level of oversight of psychotropic medication use by children in foster care, additional steps are needed to ensure optimal safety and a more effective delivery of mental health services to these children in care.

Data measures developed by the Psychotropic Medication Quality Improvement Project are being tested and will be made available to counties. Counties will receive information specific to the children and youth under their supervision. Additionally, de-identified, aggregate information will be made publicly available. These measures, based on the matched data, will provide information on prescribing characteristics that pose the most risk to children and youth.

RESOURCE FAMILY APPROVAL (RFA)

Previously referred to as Consolidated Home Study, Resource Family Approval will result in a streamlined, family friendly process for approving relatives, foster parents and adoptive parents for foster children. The process will replace existing processes, often repetitive and time consuming, to minimize moves of children in the system and avoid delays thus promoting expedited permanent placements for children. RFA coincides with Quality Parenting Initiative (QPI) goals to recruit and retain high quality caregivers to provide excellent care for children in child welfare. Contra Costa CFS is following this initiative and will be exploring impact on existing policies and practices.

CALIFORNIA CHILD WELFARE CORE PRACTICE MODEL

Incorporating a variety of initiatives and models such as Katie A. Core Practice Model, California Partners for Permanency Practice Model and Safety Organized Practice, the California Child Welfare Core Practice Model values align with Contra Costa values. The Children's Services Administrative Team has discussed building a consistent encompassing approach to incorporate initiatives developed independently. CFS formed a Project Management Team Meeting many years ago to coordinate county projects, grants, and initiatives in recognition of a need for a common ground that brings everything together. Director level meetings have recently discussed collaborative approaches in the STOP, WRAP, CSEC, and ILS After Care programs.

CALIFORNIA'S CHILD WELFARE CONTINUUM OF CARE REFORM

Continuum of Care Reform (SB 1013, Chapter 35, Statutes of 2012) requires CDSS and stakeholder organizations to develop recommendations to revise the State's current system, services and programs serving children and families across the continuum of foster care placement settings. The intent is to improve assessments of children and families for more informed and appropriate initial placement decisions; emphasize home-based family care placements of children and provide appropriate supports and services; change congregate care placements from long-term placements to Short-Term Residential

Treatment Centers as an intervention when children cannot safely stay in a home-based family care setting; and increase transparency and accountability for child outcomes. The plan impacts foster family agency (FFA) services and supports, national accreditation of foster care providers, satisfaction surveys and rate settings for group homes and FFAs. CCR implementation is slated for January 2017; Child Welfare is currently exploring the impact of this overarching change to resource home requirements; recruitment, approval, licensing and retention of homes; and placement decisions. Full impact will be determined when state clarification is available. Probation anticipates being impacted by CCR Reform. CDSS has added a new Bureau to manage CCR and RFA.

QUALITY PARENTING INITIATIVE (QPI)

The Quality Parenting Initiative (QPI) began in 2009 as a collaborative effort with the California Department of Social Services (CDSS), the County Welfare Directors Association (CWDA). The goal of QPI is to ensure that every child who is removed from home by a child protection agency receives the love, nurturing, advocacy and support he or she needs for healthy development. Key to QPI is increasing the number of committed families, including kin, who can parent these children, supporting excellent practice and ensuring that every family can and does meet the child's needs. The QPI approach relies on:

1. Team planning to model mutual respect
2. Use of branding principles to articulate expectations
3. Use of HR principles to implement the brand
4. Use of data to measure progress
5. Advisors to the project to include county and state staff, caregivers, biological parents, community partners, and private agencies.

We are not sure if QPI will be adopted in CCC, but it is a promising practice we are exploring.

CHILD WELFARE

Priority Outcome Measure or Systemic Factor:

P1 Permanency in 12 months (Entering FC)

Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?

National Standard: ≥40.5%

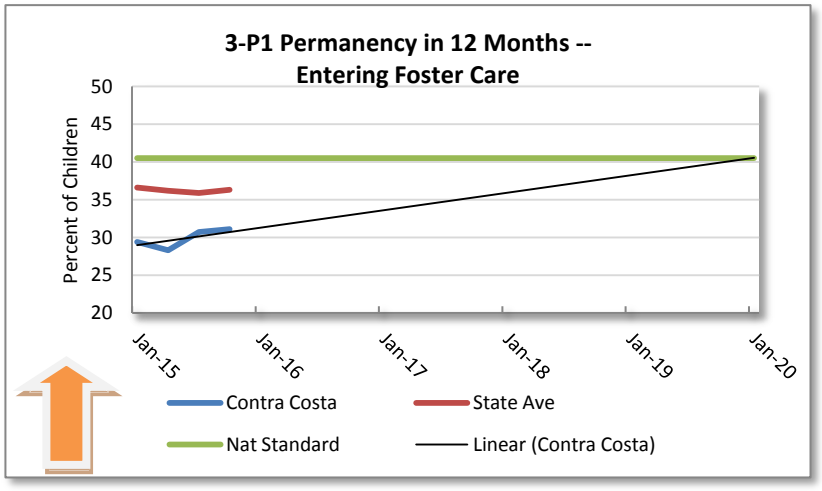
CSA Baseline Performance (January 2015 Report): 29.4% (11.1% lower than National Standard)

Current Performance: According to the October 2015 Quarterly Data Report (Quarter 2 of 2015), Contra Costa CWS performance measure was 31.1%; this is a 1.7% improvement from baseline.

This represents 434 entries to care between April 1, 2013 and March 31, 2014. Of these, 135 were discharged to permanency within 12 months. To meet the National Standard for this quarter, an additional 52 children would have had to exit to Permanency.

Target Improvement Goal: The county will improve performance on this measure to meet the National Standard of 40.5%

Performance in the companion measure, 3-P4 Re-Entry to Foster Care was 8.6% at CSA Baseline (January 2015) which exceeds the National Standard by .3%. Performance has declined below the National Standard during the past 3 quarters to 7.7% in October 2015. The number of children impacted by this measure the October 2015 quarter is 155 exits to Reunification or Guardianship within 12 months of entry to Foster Care between July 1, 2012 and June 30, 2013; of these 12 reentered Foster Care. In order to meet the National Standard 1 less child would have re-entered Foster Care. Contra Costa will monitor this measure with the goal of sustaining performance at the National Standard.



Priority Outcome Measure or Systemic Factor:

3-P3 Permanency in 12 months (24+ months)

Of all children in foster care on the first day of a 12- month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within 12 months of the first day of the 12-month period?

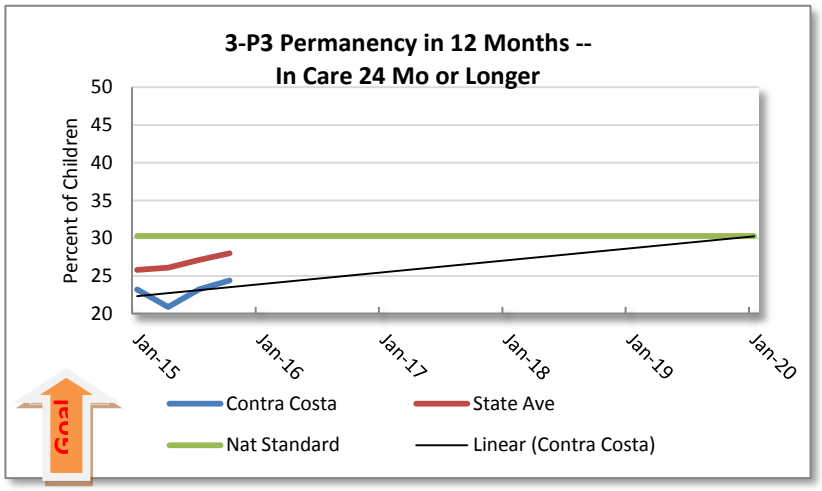
National Standard: ≥30.3%

CSA Baseline Performance (January 2015 Report): 23.2% (7.1% lower than the National Standard)

Current Performance: According to the October 2015 Quarterly Data Report (Quarter 2 of 2015), CWS performance measurement was 24.4%; this is a slight improvement from baseline performance.

On July 1, 2014, 271 children in care had been in care for more than 24 months. Of these 271 children, 66 were discharged to permanency (Reunification, Guardianship, or Adoptions) between July, 2014 and June 30, 2015. In order to meet the National Standard for this quarter, an additional 17 children would have had to exit to permanency.

Target Improvement Goal: Contra Costa CWS will improve performance on this measure from 23.2% to 30.3% which will meet that National Standard.



Priority Outcome Measure or Systemic Factor:

2D Timely Response – Completed (10-Day Response Compliance)

This measure reports the percent of cases in which face-to-face contact with a child occurs within the regulatory time frames in those situations in which a determination is made that the abuse or neglect allegations indicate significant danger to the child (10-day response).

Contra Costa Target: ≥75.0%

CSA Baseline Performance (January 2015 Report): 61.6%

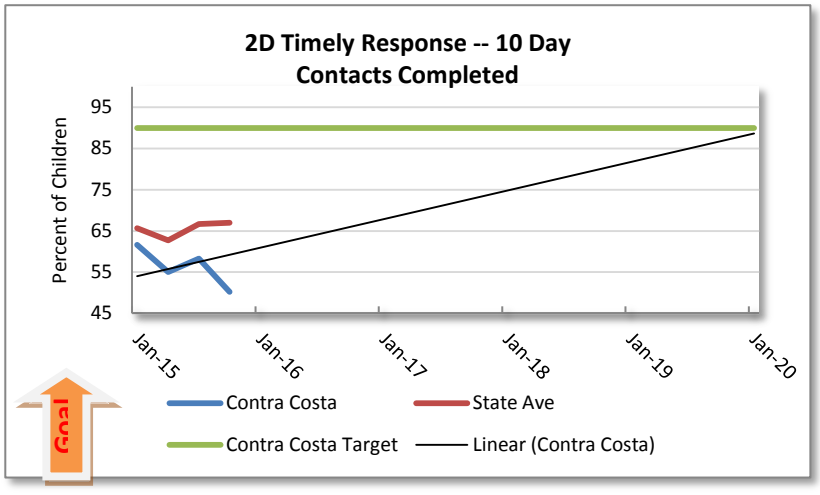
Current Performance: According to the October 2015 Quarterly Data Report (Quarter 2 of 2015), CWS performance in this measure was 50.2%. This is a significant drop from the January 2015 performance, down 11.4%. The state average performance was 65.7% in January and 67.0% in October.

The performance rate for the October 2015 report looks at all referrals received April 1, 2015 through October 30, 2015 and calculates the percent of those that had a qualified response. Responses that are qualified include:

- At least one child, with a maltreatment allegation, included as a "participant;"
- A contact purpose type of "investigate referral;"
- A communication method of "in-person;"
- A contact status of "completed;"
- A contact party type of "staff person/child"; and
- A contact visit code for a "contact" or "visit" within 24 hours of the referral receipt date for immediate response type or within 10-days for other referrals.

Of the 615 referrals determined for 10-day response during this quarter, only 309 met the above conditions for a qualified response. In order to meet the target goal 90%, 461 would have needed a qualified response, an additional 152 referrals.

Target Improvement Goal: Contra Costa CWS will improve performance on this measure from 61.6% as reported in the January 2015 quarterly report to 90% for the January 2020 report.



Priority Outcome Measure or Systemic Factor:

2F Monthly Visits (Out of Home)

This measure reports the percent of months requiring an in-person contact in which that contact occurred. For each month in the 12-month period, the denominator is the number of children in care who were required to have an in-person contact, i.e., who were in an open placement episode for the full calendar month and the numerator is the number of children in the denominator who had at least one in-person contact during the month.

National Standard: ≥ 95.0%

CSA Baseline Performance (January 2015 Report): 88.2%

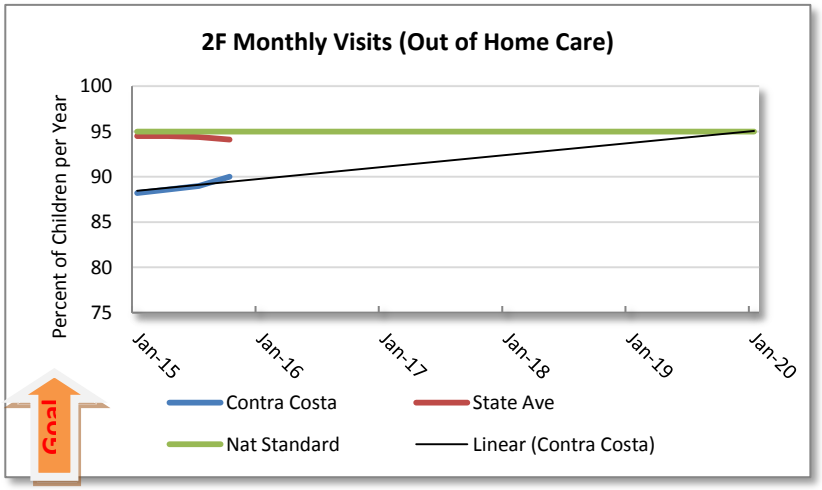
Current Performance: According to the October 2015 Quarterly Data Report (Quarter 2 of 2015), CWS performance measurement was 90% compliance in monthly visits. This is an improvement of 1.8% from Baseline.

To calculate compliance for this measure, the total number of months between July 1, 2014 and June 30, 2015 where a compliance visit was required was 9,866. 8,881 visits were completed to meet compliance and 985 were not completed to meet compliance. In order to meet the National Standard, an additional 492 compliant visits would be required for the year, an average of 41 per month.

To put this in perspective by determining a monthly average, 822 visits were required, 740 were completed timely and 68 were out of compliance.

The most recent monthly data for this measure indicates that during the month of June 2015, 73.9% or 694 of 774 required visits to children in placement met compliance requirements.

Target Improvement Goal: Contra Costa CWS will improve performance on this measure from 89.7% to 95.0% to meet the National Standard.



Priority Outcome Measure or Systemic Factor:

2F Monthly Visits In Residence (Out of Home)

This measure reports the percent of months with in-person contacts in which the contact occurred in the residence of the child or youth. The denominator is the number of children in care who had at least one in-person contact during the month and the numerator is the number of children where at least one of that month's in-person contacts was in the placement facility.

National Standard: ≥50.0%

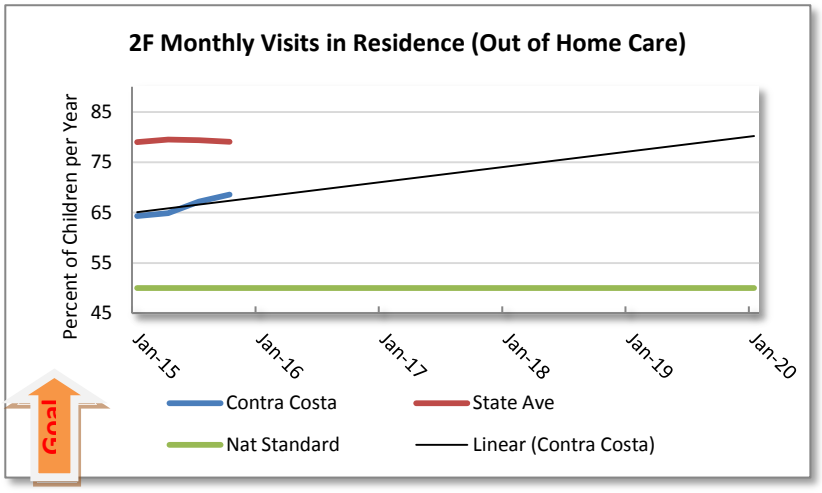
CSA Baseline Performance (January 2015 Report): 64.3%

Current Performance: According to the October 2015 Quarterly Data Report (Quarter 2 of 2015), 68.6% of visits that met compliance between July 1, 2014 and June 30, 2015 were conducted in the out of home care residence of the child.

Compliant visits completed between July 1, 2014 and June 30, 2015 were 8, 881. Of these 6, 096 were completed in the out of home care residence of the child. This is 1,655 more visits than required to meet the National Standard. The average per month of visits completed in the residence is 508.

During the month of June 2015, there were 774 children in placement; 694 or 89.7% were visited. Of those children visited, 513 or 73.9% were visited in residence. Performance for the month of June exceeded the baseline and the current month (October 2015) measurements.

Target Improvement Goal: Contra Costa CWS already meets the National Standard of 50.0%; however performs below the state average at baseline of 79%. Contra Costa CWS will improve performance to 80%.



Priority Outcome Measure or Systemic Factor:

2S Monthly Visits (In Home)

This report considers each month separately, but summarizes this data for a 12-month period. For each month in the 12-month period, three numbers are determined for children receiving in-home services:

- The number of children receiving in-home services who were required to have an in-person contact, i.e., who received in-home services for the full calendar month;
- The number and percent of children in Group 1 who had at least one in-person contact during the month; and
- The number and percent of children in Group 2 where at least one of that month's in-person contacts was in the child's residence.

State Standard: There is no National or State Standard for this measure; however, CDSS has indicated that the performance marker will follow Measure 2F: ≥95%.

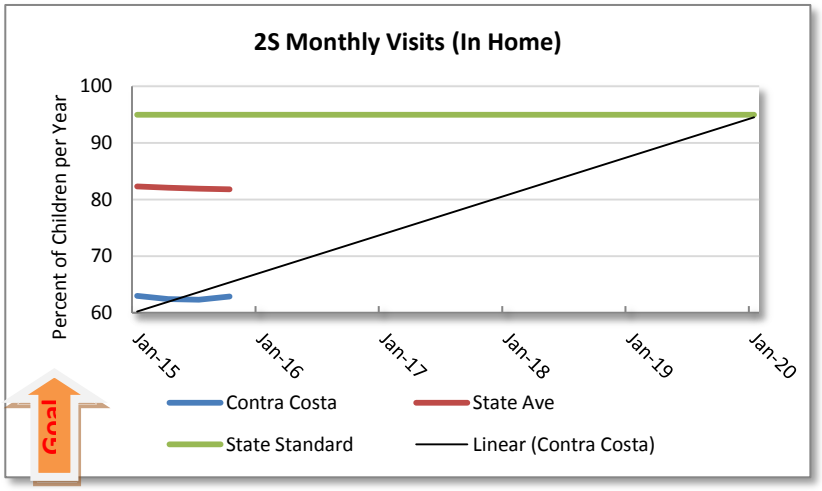
CSA Baseline Performance (January 2015 Report): 63.0%

Current Performance: According to the October 2015 Quarterly Data Report (Quarter 2 of 2015), CWS performance measured 62.9%. This is well below the National Standard and the October 2015 State Average of 81.1%.

The measurement is calculated for a rolling year. The total number of in home services visits required between July 1, 2014 and June 30, 2015 was 5,330. Of these 3,350 were completed to meet compliance. 1, 980 were not completed to meet compliance. The average number of required visits per month was 444. Of these, an average of 2790 were completed to meet compliance, 165 were not.

During the month of June 2015, there were 480 children receiving in-home services. Of these 312 or 65.0% met the standards to meet compliance.

Target Improvement Goal: Contra Costa CWS will improve performance on this measure from 89.7% to 95.0% to meet the State Standard.



Priority Outcome Measure or Systemic Factor:

2S Monthly Visits in Residence (In Home)

This report considers each month separately, but summarizes this data for a 12-month period. For each month in the 12-month period, three numbers are determined for children receiving in-home services:

- The number of children receiving in-home services who were required to have an in-person contact, i.e., who received in-home services for the full calendar month;
- The number and percent of children in Group 1 who had at least one in-person contact during the month; and
- **The number and percent of children in Group 2 where at least one of that month's in-person contacts was in the child's residence.**

State Standard: There is no National or State Standard for this measure; however, CDSS has indicated that the marker will follow Measure 2F: ≥50%.

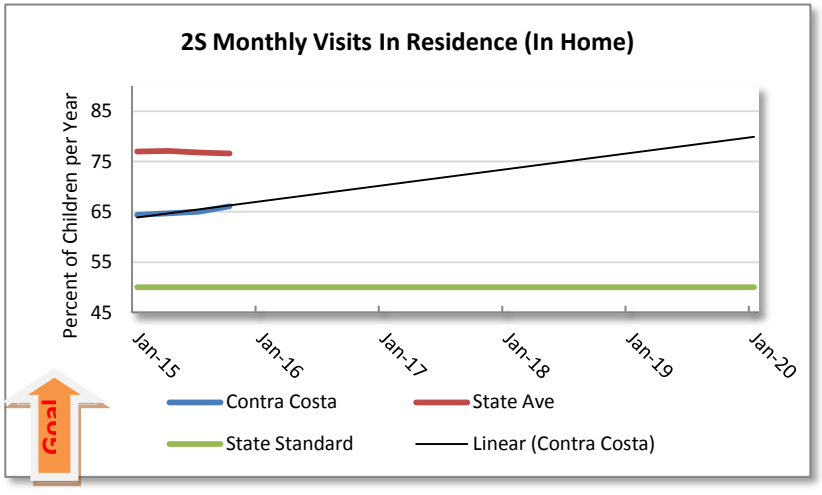
CSA Baseline Performance (January 2015 Report): 64.4%

Current Performance: According to the October 2015 Quarterly Data Report (Quarter 2 of 2015), Contra Costa's performance is this measure was 66.1%. This is an improvement of 1.7% above Baseline. This performance meets the State Standard of 50% but is well below the State Average of 76.6%.

This measure is calculated for a rolling 12 month period: 3,350 visits for children and families receiving in home services were completed to meet compliance between July 1, 2014 and June 30, 2015. 2,215 of these visits occurred in the residence home of the child and family. The monthly average is 279 visits meeting compliance and 184 occurring in the home.

During the month of June 2015, there were 480 children receiving in-home services. Of these 312 or 65.0% met the standards to meet compliance. Of these 312, 223 or 71.5% of the visits were in the residence. This is greater than baseline and indicates improvement in performance.

Target Improvement Goal: Contra Costa CWS will improve performance on this measure from 64.4% at Baseline to 80.0%.



Priority Outcome Measure or Systemic Factor:

4B Least Restrictive (Entries First Placement: Relative)

This measure is derived from a longitudinal database of all entries to out of home care (in care 8 days or more) during the time period specified and computes the percentage of children who have a first placement of "Relative" (labeled "Kin" in UCB data tables). A child's first out of home placement with "Relatives" is drawn from the CWS/CMS variable plc_fclc and includes the following codes: Relative / NREFM Home (1421) and Tribe Specified Home (1422). (Age 0 to 17 years.)

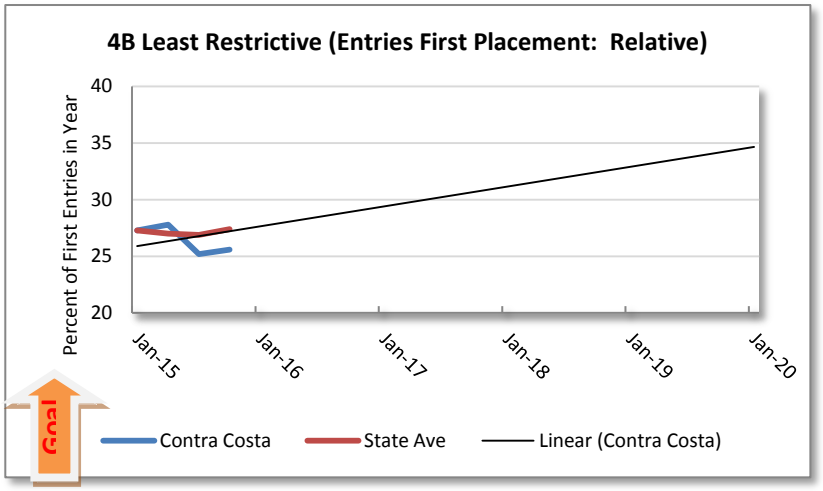
Performance Target: Standards are not set for this measure; the goal is to increase the number of first placements with relatives. Contra Costa CWS has set a target of 35.0%.

CSA Baseline Performance (January 2015 Report): 27.3%

Current Performance: According to the October 2015 Quarterly Data Report (Quarter 2 of 2015), 25.6% first entries to Foster Care for children served by Contra Costa Child Welfare Services were placed with relatives.

Of the 508 entries to Foster Care between July 1, 2014 and June 30, 2015, 130 were placed with relatives.

Target Improvement Goal: Contra Costa CWS will improve performance in this measure 7.7% from 27.3% to 35.0% during the SIP period.



Priority Outcome Measure or Systemic Factor:

4B Least Restrictive (Point in Time Placement: Relative)

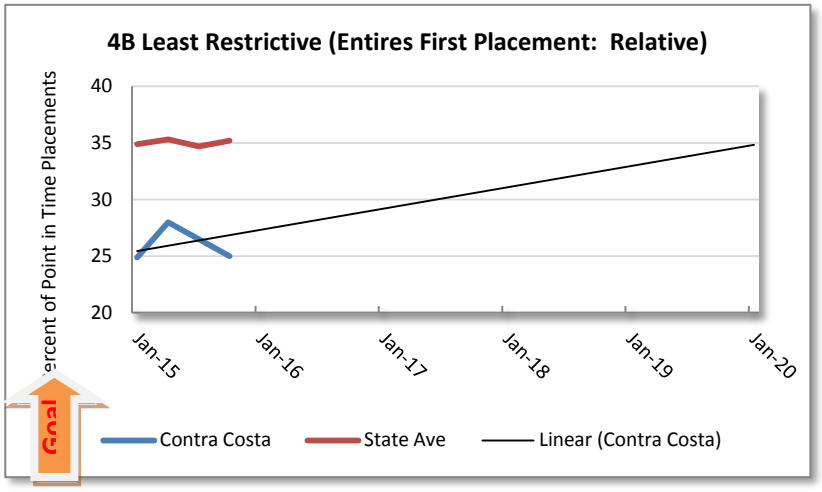
This measure is a point in time count of all children who have an open placement episode of "Relative" in the CWS/CMS system (labeled "Kin" in UCB data tables). On the count day, children are assigned to the county in which they have an open case or referral. Children who have a substitute care provider assignment of 'relative non-guardian' are categorized as a "Relative" placement. (Age 0 to 20 years.)

Performance Target: Standards are not set for this measure; the goal is to increase the number of point in time placements with relatives. Contra Costa has set a target of 35.0%.

CSA Baseline Performance (January 2015 Report): 24.9%

Current Performance: According to the October 2015 Quarterly Data Report (Quarter 2 of 2015), 25.0% of children in placement on July 1, 2015 were placed with relatives. Of the 1,107 children in placement at this time, 277 of them were placed with a relative. 35% of children in placement on July 1, 2015 are 387; to reach the target in the October quarter, an additional 110 children would have had to be placed with relatives.

Target Improvement Goal: Contra Costa CWS will improve performance on this measure from 24.9% to 35.0% during the SIP period.



Priority Outcome Measure or Systemic Factor:

5B (1 & 2) Rate of Timely Health and Dental Exams

This report provides the percentage of children meeting the schedule for Child Health and Disability Prevention (CHDP) and Division 31 medical and dental exams. Per California Code of Regulations: "Persons will be considered overdue for an assessment on the first day he or she enters a new age period without assessment having been performed in the previous age period." Minors must have a medical and/or dental exam by the end of their age period; for example, a child must receive one exam while two-years-old. Division 31 counts a child as out of compliance when the child leaves an age period without an exam.

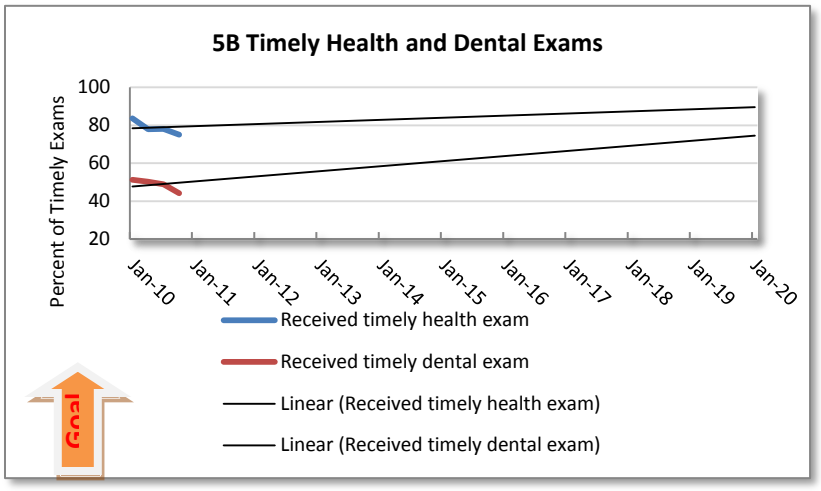
The child's age is calculated at the end of the quarter.

Performance Target: Standards are not set for this measure. Contra Costa CWS is setting a goal to increase the percent of children and are recorded as receiving timely medical exams from 75.4% to 90.0% and to increase the percent of children who receive and are recorded as receiving dental exams from 51.3% to 75.0%.

CSA Baseline Performance (January 2015 Report): 75.4% for Health Exams and 51.3 for Dental Exams

Current Performance: According to the October 2015 Quarterly Data Report (Quarter 2 of 2015), 75.4% of children received timely health exams and 51.3% received timely dental exams.

Target Improvement Goal: Contra Costa CWS is setting a goal to increase the percent of children and are recorded as receiving timely medical exams from 75.4% to 90.0% and to increase the percent of children who receive and are recorded as receiving dental exams from 51.3% to 75.0% by the end of the SIP period.



Priority Outcome Measure or Systemic Factor:

5F AUTHORIZATION FOR PSYCHOTROPIC MEDICATION

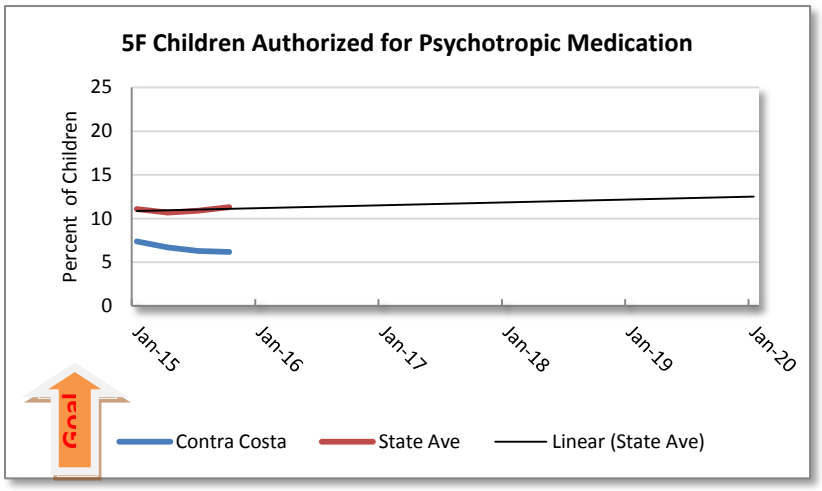
This report provides the percentage of children in placement episodes with a court order or parental consent that authorizes the child to receive psychotropic medication. Children are counted when the Health and Education Passport reflects:

Performance Target: Standards are not set for this measure. Contra Costa CWS is setting a goal to improve the process for tracking children referred for psychotropic medication.

CSA Baseline Performance (January 2015 Report): 7.4% children are recorded as authorized for psychotropic medication.

Current Performance: According to the October 2015 Quarterly Data Report (Quarter 2 of 2015), 7.6% of children are recorded as authorized for psychotropic medication. The percent of children recorded as authorized in quarters in 2012 through April 2014 was in the 9% range.

Target Improvement Goal: Contra Costa CWS is setting a goal to improve the accuracy of tracking children authorized to receive psychotropic medication through the reengagement of Public Health Nurse collaboration and examination and monitoring of the referral and tracking process,



Priority Outcome Measure or Systemic Factor:

STAKEHOLDER COLLABORATION

This is a Systemic Factor that Contra Costa chooses to address. Improvement in collaboration with Stakeholders includes the following actions:

- Enhance and enrich collaboration with agency partners and community providers by re-establishing a Systems of Care approach and team.
- Create a forum for conversations about disparity and disproportionality.
- Address prevention and intervention needs with community providers; this includes available services, gaps in services, access to available services, and promoting use of available services.

CSA Baseline Performance: We will establish a baseline for this measure through conducting a Collaboration Satisfaction survey with the Collaboration stakeholder group. We will conduct annual surveys to measure improvements or decreases in satisfaction.

Performance Targets:

- Hold bi-annual stakeholder meetings.
- Develop and complete deliverables (including developing charter, goals, etc.)
- Conduct Service Needs assessment and prioritize funding and service needs for OCAP funds.
- Creating a forum for conversations about disparity and disproportionality and identify disparity goals on which to focus.

Target Improvement Goal:

- Increase in collaborative opportunities.
- Improved satisfaction with collaboration between stakeholders and agency.
- OCAP funding will align with identified needs from FACT and Collaboration surveys.
- Increase in opportunities for disparity conversations thus improvement in selected disparity goals.

Priority Outcome Measure or Systemic Factor:

DEVELOP A HEALTHY AND COMPETENT WORKFORCE

In order to develop a healthy and competent workforce, we will work on three main strategies: trauma informed paradigm, supervisor framework, and staff retention action steps. In order to measure change, we will employ an evaluation approach that will encompass multiple domains from job satisfaction, to job training and support, to commitment to the agency. Since we have already established a baseline from the CalSWEC Workforce Study in 2015, we will use that as our main evaluation methodology.

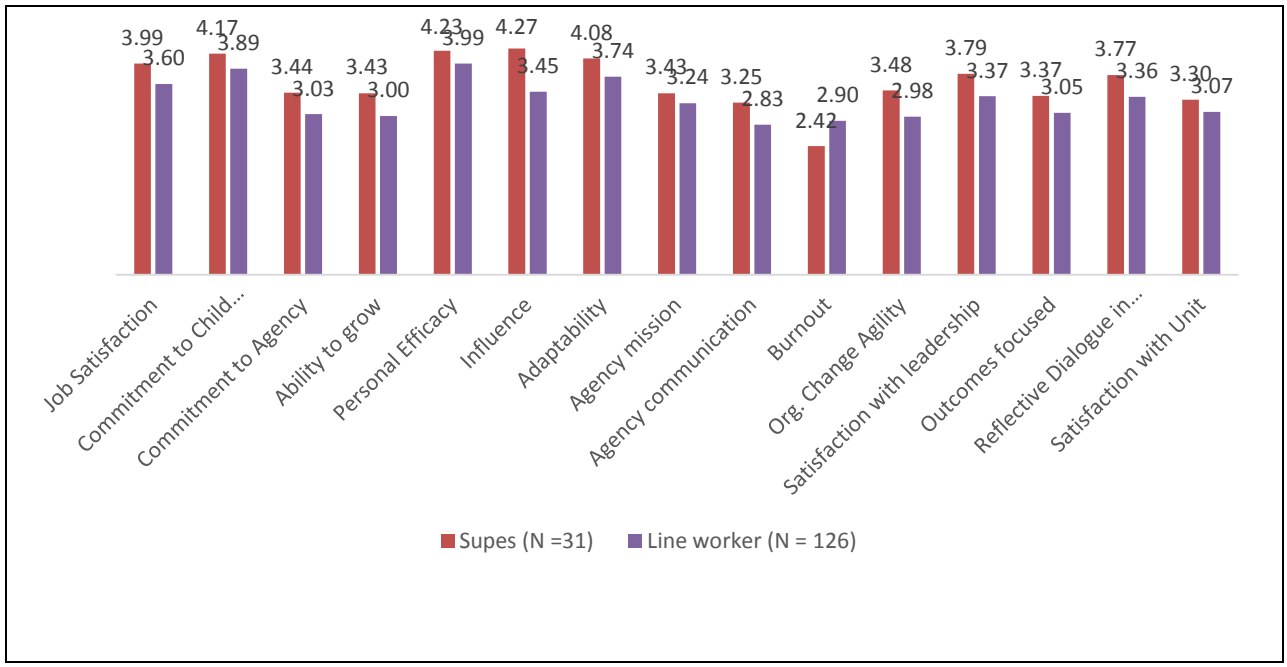
CSA Baseline Performance: We will utilize the CalSWEC Workforce study as our baseline for comparison and tracking of change. This study surveyed 192 staff.

Performance Targets: We will measure change in the following areas:

1. Satisfaction
2. Commitment to Child Welfare
3. Commitment to Agency
4. Satisfaction with Supervisor
5. Staffing Agency
6. Training
7. Growth
8. Personal Efficacy
9. Influence
10. Adaptability
11. Mission
12. Cohesion
13. Autonomy
14. Communications
15. Personal Stress
16. Burnout
17. Organizational Change Ability
18. Leadership
19. Focus on Outcomes
20. Reflective Dialogue
21. Unit
22. Field Education
23. Common Core Training

Target Improvement Goal: We will strive to improve all of these domains below with a particular focus on job satisfaction, personal stress and burnout, satisfaction with supervisor, and commitment to the agency.

The following is a comparison of the domains above between supervisors and line workers. We will work to improve these areas. *Note: Factors are made up of individual items to which staff responded on a scale from 1(Strongly Disagree) to 5 (Strongly Agree).*
% Agree include responses of 4 & 5 on the scale and % Disagree include responses of 1 & 2 on the scale.
Higher means and more agreement indicate more favorable attitudes.


3.99
3.60
4.17
3.89
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3.00
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2.42
2.90
3.48
2.98
3.79
3.37
3.37
3.05
3.77
3.36
3.30
3.07
Job Satisfaction
Commitment to Child...
Commitment to Agency
Ability to grow
Personal Efficacy
Influence
Adaptability
Agency mission
Agency communication
Burnout
Org. Change Agility
Satisfaction with leadership
Outcomes focused
Reflective Dialogue in...
Satisfaction with Unit
Supes (N =31)
Line worker (N = 126)

PROBATION

Priority Outcome Measure or Systemic Factor:

3-P1 Permanency in 12 months (Entering FC)

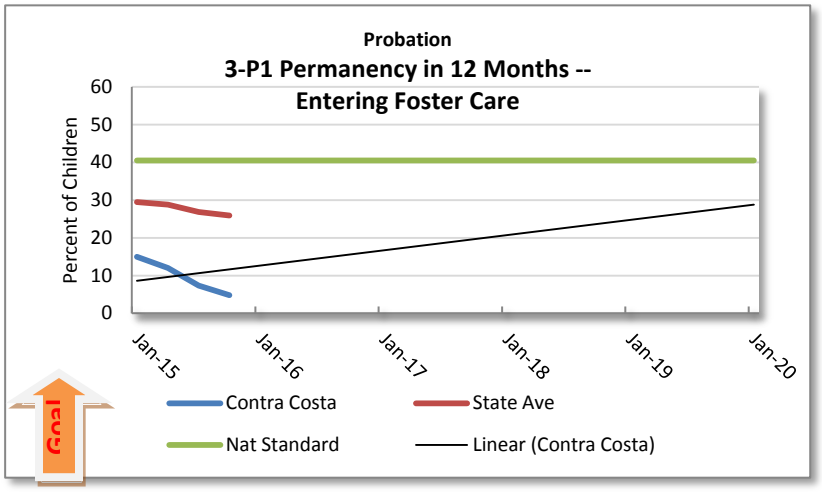
Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering foster care?

National Standard: ≥40.5

CSA Baseline Performance (January 2015 Report): For the time period of July 1, to December 31, 2013, of the 80 probation youth entering foster care, 12 youth (15.0%) reunified in less than 12 months.

Current Performance: According to the October 2015 Quarterly Data Report (Quarter 2 of 2015) 5 of the 104 probation youth (4.8%) who entered foster care in a 12 month period were discharged to permanency within 12 months of entering foster care.

Target Improvement Goal: Contra Costa Probation will improve performance on this measure from 15.0% by 15.0% to 30.0%, resulting in approximately 26 to 31 children exiting to permanency.



APPENDIX 1: FIVE YEAR SIP CHART

CHILD WELFARE

GOAL: STRENGTHEN QUALITY CASE PLANNING AND FAMILY TEAMING TO IMPROVE TIMELY FAMILY REUNIFICATION.

CWS STRATEGY 1*:* Strengthen quality case planning through the utilization of the SDM Family Needs and Strengths Assessment (FSNA tool) to inform and to collaboratively identify critical family needs that should be addressed in the case plan.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 P3 ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project.	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Train social workers and supervisors to use Family Strengths and Needs Assessment (FSNA) tool.	January 2016	Ongoing	Staff Development
B. Utilize coaching through the Bay Area Academy Training to support the Transfer of Learning for Supervisors and social workers. This coaching will instruct them in how to link the tool to the case plan development.	January 2016	Ongoing	Staff Development
C. Train Supervisors to learn the supervisory responsibilities for SDM practice via the Children's Resource Center's SDM Advanced training. Supervisors will learn how to support worker's effectiveness in conducting assessments related to the FSNA, Family Reunification Risk Assessments and other SDM assessments. They will also learn how to utilize the case reading tools associated with their unit assignments to ensure quality documentation	February – May 2016	Provided Annually and on an ongoing basis	Staff Development

and casework			
D. The SDM Quality Implementation workgroup will develop Case Reading protocols and standards for supervisors in order to ensure and monitor quality case plans.	June 2016	ongoing	SDM Quality Implementation Workgroup
E. Implement Case Reading Protocols and monitor results. Make adjustments to the protocols as needed (i.e. more coaching, focused support to specific units, etc.)	January 2017	Ongoing/quarterly	Quality Assurance Division
F. Track SDM Reunification Risk Assessment tool usage and monitor Safety and Re-entry measures.	March 2016	Ongoing/quarterly	Quality Assurance

CWS STRATEGY 2: Improve family teaming through the increased usage of Team Decision Making meetings that use strength based collaborative strategies such as the Safety Organized Practice framework.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 P3 ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	**Implementation Date:**	**Completion Date:**	**Person Responsible:**
A. Update TDM meetings to incorporate SOP framework into TDM meetings including use of mapping techniques.	July 2016	December 2020	TDM Unit
B. Pilot new TDM/SOP meetings.	February 2017	July 2017	TDM Unit & Workgroup
C. Evaluate Pilot and make adjustments to model.	August 2017	Ongoing	Quality Assurance TDM/SOP Workgroup
D. Update TDM policy	May 2017	October 2017	Policy Division

E. Train staff and TDM facilitators to new TDM/SOP model	October 2017	December 2017	Staff Development
F. Launch new TDM/SOP model	January 2018	Ongoing	TDM Unit
G. Establish baseline for average number of TDM meetings and subsequently track rate of TDM/SOP meetings thereafter.	February 2017	Ongoing/monthly	TDM Unit Quality Assurance
H. Track SDM Reunification Risk Assessment tool usage and monitor Safety and Re-entry measures.	March 2016	Ongoing/quarterly	Quality Assurance

CWS STRATEGY 3: Improve family engagement by expanding and incorporating the strategies of Safety Organized Practice framework into the casework of Social Workers.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 P3 ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	**Implementation Date:**	**Completion Date:**	**Person Responsible:**
A. Continue to provide regular and consistent SOP Overview training and all training modules for all Social Workers and Supervisors.	January 2016	Ongoing	Staff Development SOP Advisory Group
B. Provide SOP Coaching on a regular basis to ensure transfer of learning and competency in the SOP skills.	January 2016	June 2017	Staff Development SOP Advisory Group
C. Conduct survey with staff regarding SOP knowledge and satisfaction rates to determine level of implementation and direct future training needs.	June 2016	December 2017	Quality Assurance

GOAL: ASSURE CHILD SAFETY AND INFORM PERMANENCY PLANNING THROUGH IMPROVEMENT IN FREQUENCY, TIMELINESS, AND QUALITY OF SOCIAL WORKER VISITS.

CWS STRATEGY 4: Improve timeliness and quality of child and family visits through the utilization of engagement strategies, by monitoring quality of visits and tracking compliance of visits	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 P3 2F 2S ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	**Implementation Date:**	**Completion Date:**	**Person Responsible:**
A. Convene a workgroup to a vision and create best practice standards for strength-based child engagement interview techniques, home visiting practices, and the use of SOP tools during child and family interactions. Workgroup will review and consider current policies.	March 2016	October 2016	Quality Assurance Division SOP Advisory Group
B. Workgroup will develop recommendations for training and policy.	October 2016	December 2016	Quality Assurance Division Home Visit Workgroup
C. Develop and publish best practice Child Engagement & Home Visit policy and protocols.	January 2017	March 2017	Policy Division
D. Train staff to updated Child Engagement and Home Visit policy.	March 2017	July 2017	Staff Development
E. Arrange for coaching opportunities for using SOP tools or other practice strategies that enhance home visiting practice.	March 2017	Ongoing as needed	Staff Development

F. Develop Case Reading protocols and standards for supervisors in order to monitor quality home visits including engagement with children and families.	January 2017	March 2017	Quality Assurance Division
G. Implement Case Reading Protocols and monitor results of child and family engagement on a quarterly basis.	April 2017	Ongoing/quarterly	Quality Assurance Division
H. Issue policy to set expectations and standards for 2F and 2S compliance rates.	February 2016	February 2016	Policy Division
I. Supervisors will track and report compliance of 2F and 2S on a monthly basis with social workers and Division Manager.	January 2016	Ongoing/monthly	Operational & Permanency & Transition Division Managers
J. Division Managers will report and discuss compliance rates on a monthly basis at CSAT. CSAT will review and make adjustments to policy, monitoring, or resources as needed.	February 2016	Ongoing/monthly	Operational & Permanency & Transition Division Managers

CWS STRATEGY 5: Improve child safety and increase reunification of families through consistent and quality implementation of the Structured Decision Making practice.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 P3 2D 2F 2S ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Commence SDM Quality Implementation workgroup to oversee early implementation of SDM.	January 2016	Ongoing	Quality Assurance
B. Train social workers to Children's Research Center's (CRC) recommended training for SDM.	January 2016	Ongoing	Staff Development
C. Train supervisors to SDM Advanced training and provide ongoing coaching.	January 2016	Ongoing	Staff Development
D. Implement SDM Target Benchmarks as recommended by CRC and monitor.	January 2016	Ongoing	Quality Assurance
E. Track tool usage in Safe Measures and WebSDM; report usage rates to CSAT.	March 2016	Ongoing/quarterly	Quality Assurance
F. Conduct Post-implementation Survey with staff to measure change in knowledge and SDM skills.	July 2016	Ongoing annually	Quality Assurance

GOAL: INCREASE TIMELY AND QUALITY COMPLETED FIRST CONTACTS WITH CHILDREN IN 10 DAY REFERRALS TO ASSURE CHILD SAFETY.

CWS STRATEGY 6: Develop and implement policy and practice that ensures that children and families are seen within 10 days of the receipt of child abuse referrals.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): 2D ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Convene workgroup to review existing policy and make recommendations to improve compliance in timely completed contacts for 10 day referrals.	March 2016	May 2016	Operations
B. Write policy.	May 2016	July 2016	Policy Division
C. C. Train staff to new policy and procedures.	August 2016	September 2016	Staff Development
D. Track measure 2D and report compliance to CQI Collaborative meeting and CSAT.	October 2016	Ongoing/quarterly	Quality Assurance Division

CWS STRATEGY 7: Utilize the SDM Safety Assessment to ensure the accurate assessment of children's immediate safety and develop quality and timely Safety Plans that accurately address threats to a child's safety to remain in the family home.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Train Emergency Response workers regarding the use of SDM Safety Assessment tools and Safety Plans.	January 2016	Ongoing	Staff Development
B. Provide coaching regarding the writing of SDM Safety Plans with Emergency Response units.	March 2016	Ongoing	Staff Development
C. Develop best practice protocols for when a safety plan is to be used and how to practice with a family.	February 2016	Ongoing	SDM Quality Implementation Team
D. Emergency Response Supervisors to read, monitor, adjust and approve all Safety Plans.	March 2016	Ongoing	District Operational Managers
E. Track SDM Safety Plans where Safety Plans are warranted to ensure children are safe in the home.	March 2016	Ongoing/quarterly	Quality Assurance Division
F. Conduct random case reviews of safety plans. Report results and make adjustments as needed.	July 2016	Ongoing/semi-annual	Quality Assurance Division

GOAL: IMPROVE PERMANENCY OUTCOMES BY INCREASING THE RATE AND QUALITY OF RELATIVE/NREFM PLACEMENTS.

CWS STRATEGY 8: Increase the rate of children placed with relatives and NREFMs and by improving the efficiency of the Emergency Placement Process.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 P3 4B ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Revise current Emergency Placement process & protocols with Relatives.	July 2016	Ongoing May 2016	Policy Division
B. Revise policy as needed after implementation of the Resource Family Approval process in January 2017.	February 2017	ongoing	Policy Division
C. Train staff to new policy and procedures.	May 2017	ongoing	Staff Development
D. Monitor Outcomes (4B) for improvement on a quarterly basis.	October 2016	Ongoing/quarterly	Quality Assurance Division

CWS STRATEGY 9: Expand Relative Notification and Family Finding efforts in order to increase the pool of available and quality approved relatives.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 P3 4B ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Review Relative Notification and Family Finding processes and policies; analyze what is working well and identify the gaps.	March 2017	June 2017	Resource Division
B. Develop enhanced Family Finding and Relative Notification policies and procedures	June 2017	September 2017	Policy Division
C. Implement policy.	October 2017	October 2017	Policy Division
D. Train Staff to new procedures.	October 2017	Ongoing	Staff Development
E. Track and report Family Finding related statistics to CSAT on a quarterly basis.	October 2017	Ongoing/quarterly	Quality Assurance Division Relative Approval/Family Finding Supervisor

CWS STRATEGY 10: Improve partnerships and communication with caregivers through the efforts of the Caregiver Steering Committee.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P3 4B ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. A. Create a subcommittee from the Caregiver Steering committee to address the communication challenges between social workers and caregivers.	June 2016	July 2016	Caregiver Steering Committee Resource Division
B. B. Caregiver Communication Subcommittee will identify barriers and develop policy recommendations to improve communication.	September 2016	February 2017	Caregiver Steering Committee Resource Division
C. C. Write policy regarding communication standards.	February 2017	April 2017	Policy Division
D. D. Train staff to new communication policy.	May 2017	July 2017	Staff Development
E. E. Track complaints related to communication between caregivers and social workers and report to Resource Division.	August 2017	Ongoing/monthly	Caregiver Liaison

CWS STRATEGY 11: Develop and implement a county-wide Specialized Care Increment (SCI) program (called Difficulty of Care in Contra Costa) to enhance support to caregivers for children with special care needs.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P3 4B ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Create a centralized DOC program to ensure all relatives and foster parents are equally knowledgeable of their resources and evaluated for enhanced stipends.	June 2016	December 2016	Quality Assurance Division Centralized SCA/DOC Supervisor
B. Write DOC policy and procedures.	January 2017	March 2017	Policy
C. Implement centralized DOC program.	April 2017	Ongoing	Centralized SCA/DOC Supervisor
D. Track the number of relatives assessed for DOC and rate of those who are awarded enhanced foster funding. Report to CSAT on a quarterly basis.	April 2017	Ongoing/quarterly	Quality Assurance Division
E. Partner with the Caregiver Liaison and Kinship Centers to identify all the resources available for relatives and develop a communication strategy to disseminate this information.	June 2016	December 2016	Caregiver Liaison Kinship Center Contract Monitor DOC Supervisor
F. Disseminate this resource information to relatives on an ongoing basis.	January 2017	Ongoing	Caregiver Liaison Kinship Center Contract Monitor DOC Supervisor

GOAL: IMPROVE THE HEALTH AND MENTAL HEALTH WELL-BEING OF CHILDREN SERVED BY CHILDREN & FAMILY SERVICES AND IMPROVE ACCESS, TIMELINESS AND QUALITY OF THESE SERVICES.

CWS STRATEGY 12: Improve children's health and mental health well-being by evaluating and monitoring to ensure consistent tracking of mental heath assessments, referrals and services and utilization of psychotropic medications.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Systemic Factors: 5B 5F Child Well Being ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Improve data entry of medical and dental information entered into the Health and Education Passport (HEP). Monitor data through Safe Measures on a consistent basis.	April 2016	Ongoing/quarterly	Quality Assurance
B. Train HEP clerks and staff to the HEP entry policy on an annual basis to refresh on the basics of HEP entry and focus on any identified areas of improvement.	August 2016	Ongoing/Annually	Staff Development
C. Plan and develop an improved tracking system of psychotropic medications.	February 2016	Ongoing	Quality Assurance
D. Monitor Psychotropic medication data, utilizing SafeMeasures and MediCal data reports from the Global Sharing Agreement.	January 2016	Ongoing	Quality Assurance

CWS STRATEGY 13: Improve access and timeliness to medical services, improving collaboration with County Public Health Department CHDP Nurses in CWS offices, Receiving Centers and Foster Care Clinics.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Systemic Factors: 5B 5F Child Well Being ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Improve collaboration and partnership with Public Health to ensure the health needs of children in foster care are being met.	January 2016	Ongoing	Quality Assurance
B. Revise and implement a Memorandum of Understanding between CFS and Public Health to ensure the needs of foster children are being met per statute.	July 2016	Ongoing	Quality Assurance
C. Enhance psychotropic medication monitoring, education of foster youth and caregivers through the use of dedicated public health nurses.	July 2016	Ongoing	Quality Assurance
D. Educate foster youth regarding the side effects and benefits of psychotropic medications through the use of communication materials (flyers, FAQs, training, conversations with nurses, etc.)	August 2016	Ongoing	Policy Division Operational & Permanency and Transition Divisions

GOAL: STRENGTHEN STAKEHOLDER COLLABORATION IN ORDER TO ADDRESS ISSUES OF DISPARITY AND CULTURALLY SPECIFIC COMMUNITY SERVICES; IDENTIFY AND PRIORITIZE DIRECT SERVICE RESOURCES AND DELIVERY; AND IMPROVE PARTNERSHIPS ON BEHALF OF CHILDREN IN CONTRA COSTA COUNTY.

CWS STRATEGY 14: Partner with Agency Partners and Community Based Organizations to develop a Stakeholder forum to address issues facing children in Contra Costa County including issues of racial disparity and gaps in available services.	☒ CAPIT ☒ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Systemic Factors: Stakeholder Collaboration ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. A. Convene CCC Community Stakeholder Alliance (placeholder name) that includes a broad range of agency partners and community stakeholders to address issues of disparity, develop future prevention plans, and identify service resources, and support implementation of new initiatives related to disparity and resources.	January 2017	Ongoing	OCAP Liaison Quality Assurance Division
B. B. Develop a structure, vision, charter, and goals. Identify deliverables, dissemination mechanisms and communication structure to include intersection with currently standing Community Partnership Meetings.	January 2017	April 2017	OCAP Liaison Quality Assurance Division
C. Create and implement a satisfaction survey to measure levels of partnership and services at annual intervals.	March 2017	Ongoing/annually	Quality Assurance Division
D. Monitor deliverables set forth by the collaboration	April 2017	Ongoing/quarterly	Quality Assurance Division
E. Monitor and track disparity trends for children in foster care.	January 2016	Ongoing/quarterly	Quality Assurance Division

F. Identify Community Needs and determine service funding priorities in anticipation of the next RFP Prevention funding cycle.	October 2017	Ongoing	OCAP Liaison Quality Assurance Division
G. Develop and release RFP/RFI for PSSF/SFP/CBCAP/CAPIT funds. Include findings from annual FACT Committee Needs Assessment.	January 2018	May 2018	OCAP Liaison
H. Contract with selected Service Providers.	June 2018	July 2018	OCAP Liaison
I. Monitor contracts and report evaluation findings to the CCC Community Stakeholder Alliance.	June 2019 – December 2020	Ongoing/annually	OCAP Liaison Quality Assurance Division

CWS STRATEGY 15: Ensure access to community resources and services through a more effective system for staff and families.	☒ CAPIT ☐ CBCAP ☐ PSSF ☐ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 Systemic Factors: Stakeholder Collaboration ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Research innovative ways to track, house, and disseminate resources to staff and families.	January 2018	July 2018	Quality Assurance Resource Division
B. Develop system concept including resources needed (technology, staff, etc.)	August 2018	December 2018	Quality Assurance Resource Division
C. Identify funding resources to support concept.	August 2018	December 2018	Quality Assurance Resource Division
D. Create work plan to create and implement new system.	January 2019	Ongoing	Quality Assurance Resource Division

GOAL: DEVELOP A TRAUMA INFORMED WORKPLACE THAT ENSURES A HEALTHY AND COMPETENT WORKFORCE.

CWS STRATEGY 16: Employ trauma informed strategies to create a healthier workplace and address the secondary trauma that staff faces in their daily work.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Systemic Factors: Healthy Workforce ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	**Implementation Date:**	**Completion Date:**	**Person Responsible:**
A. Develop and implement a 5 year strategic plan to address ways to incorporate trauma informed strategies. Consider utilizing external resources such as the Sanctuary Institute for technical assistance.	March 2016	Ongoing	Quality Assurance Staff Development
B. Provide awareness training to staff regarding the phenomenon of secondary trauma, how to identify it and how to manage the trauma.	January 2017	Ongoing	Staff Development
C. Engage staff in dialogue regarding secondary trauma and its effects in focus groups, unit meetings, and other forums to identify and prioritize the top needs staff have.	January 2017	Ongoing	Staff Development

CWS STRATEGY 17: Develop, prioritize, and implement staff retention strategies such as those created by the CFS County Culture/Staff Retention Workgroup.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Systemic Factors: Healthy Workforce ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. To improve new staff satisfaction, develop a standardized approach to new staff introductions to their new office, such as meet and greets, etc.	June/July 2016	Ongoing	District Operations Staff Development Staff Retention Workgroup
B. To increase numbers of interviewees who accept positions with the agency, provide a tour of the building and an opportunity for the interviewee to talk with a veteran staff person to provide answers to questions they may have about the agency.	August 2016	Ongoing	Staff Retention Workgroup Staff Development
C. Develop strategies for ways that offices can create an inviting and support work atmosphere for employees. Strategies may include developing Social Committees, holding regular staff meetings, and fun activities for staff to be recognized and appreciated.	March 2016	Ongoing	Staff Retention Workgroup
D. Explore ways to recruit more social workers to the agency, considering ways to recruit from colleges and provide orientations to child welfare.	March 2017	Ongoing	Staff Retention Workgroup
E. Continue to conduct employee exit interviews and track trends and results to inform future retention strategies.	January 2016	Ongoing	Quality Assurance

CWS STRATEGY 18: Develop a more effective supervision model that addresses the needs of newly hired social workers in order to support their learning and ensure competency in their child welfare practice.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): Systemic Factors: Healthy Workforce ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Research and explore supervision models and frameworks and select a model or components of a model to implement.	July 2016	Ongoing	Quality Assurance Staff Development
B. Select supervision model and develop expectations and standards for the model.	September 2016	November 2016	CSAT management team
C. Develop a timeline and strategic plan which includes measures for evaluation and implementation steps.	September 2016	Ongoing	Quality Assurance Staff Development
D. Train supervisors to supervision model.	January 2017	Ongoing	Staff Development
E. Provide coaching and/or on the job training to the supervision model.	January 2017	Ongoing	Staff Development

PROBATION			
PROBATION STRATEGY 1: Change the culture of the Placement Unit to increase the focus on reunification or other permanency outcome within 12 months	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Contact resources in county and in state for information on topic specific training opportunities for staff. Assign staff to attend and participate in training	January 2016	June 2016	Training Unit Supervisor
B. Educate and train DPOs to increase the quality and frequency of contacts with family, relatives and non-relative extended family members through phone calls, letters and emails, and/ or face to face meetings on a monthly basis	January 2016	June 2016	Placement Unit Supervisor & Manager
C. In-house training of placement staff on the use of the Family Findings protocol. Increased use of Family Findings protocol and quicker implementation of the protocol in placement cases	January 2016	June 2016	Placement Unit Supervisor & Manager
D. Probation will explore and test strategies to assure smoother transitions for families when cases are transferred or reassigned between DPOs	July 2016	December 2016	Placement Unit Supervisor & Manager

E. Evaluate results: For each placement youth conduct individual case conferences with the assigned DPO prior to each placement review hearing to determine efforts of DPO	January 2016	Ongoing	Placement Unit Supervisor

PROBATION STRATEGY 2: Explore ways to educate parents and legal guardians to increase their understanding and involvement in the process of rehabilitation and reunification.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): P1 ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. A. DPO to increase attempts to contact and engage family, relatives and non-relative extended family members in the rehabilitative process of their children through phone calls, letters and emails, and/ or face to face meetings on a monthly basis	June 2016	Ongoing	Placement DPOs
B. B. Probation will look for ways to inform parents and legal guardians of the existing resources in the community	January 2016	March 2016	Placement DPOs
C. Probation will support parents and legal guardians through referrals to providers of services for housing, employment, parenting classes, counseling and substance abuse treatment.	January 2016	Ongoing	Placement DPOs
D. Provide assistance to youth and families with transportation barriers through financial assistance via STOP funds	January 2016	Ongoing	Placement DPOs

A. Evaluate results: Review case notes and placement review reports prepared for court hearings for activities and efforts put forth by DPOs and families that support reunification or other permanency	January 2016	Ongoing	Placement Unit Supervisor

PROBATION STRATEGY 3: Increase documentation of monthly contacts with youth in CWS/CMS.	☐ CAPIT ☐ CBCAP ☐ PSSF ☒ N/A	Applicable Outcome Measure(s) and/or Systemic Factor(s): F2 ☐ Title IV-E Child Welfare Waiver Demonstration Capped Allocation Project	
Action Steps:	Implementation Date:	Completion Date:	Person Responsible:
A. Arrange for additional trainings on CWS/CMS for our DPOs, unit clerks, the unit supervisor and the manager, and clerks	January 2016	June 2016	Placement Unit Manager
B. Maintain a fully staffed placement Unit	March 2016	Ongoing	Placement Unit Manager
C. Use Safe Measure to identify specific cases that are lacking data entry	January 2016	Ongoing	Placement Unit Manager
D. Use reports obtained from Safe Measures to inform and guide staff's efforts in data entry	January 2016	Ongoing	Placement Unit Supervisor
E. Evaluate results: Use of Safe Measures to monitor progress towards meeting the standard for measure F2	January 2016	Ongoing	Placement Unit Manager

CROSSROADS HIGH SCHOOL

Line 1 on Expenditure Workbook

SERVICE PROVIDER

Mt. Diablo Unified School District

PROGRAM DESCRIPTION

The program provides supportive services to pregnant and parenting teen mothers and their children ages one month to three years of age at the Crossroads High School campus. Extended family members, often including teen fathers, are encouraged to participate in support services as well. Programs and services include: a high school diploma program, child care, parenting education, mental health counseling, maternal and reproductive health services, and college and career counseling in a safe and supportive environment.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Child care; mental health counseling; peer support
CBCAP	Early, comprehensive support for new teen parents; development of parenting skills
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): (Specify)	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Support to parenting and pregnant teens (CSA, pages 32, 57)

TARGET POPULATION

Pregnant and parenting teens; at risk youth and their families.

TARGET GEOGRAPHIC AREA

Countywide.

TIMELINE

July 2015 through June 2017 with an RFP in the spring of 2017. Services likely to continue throughout the SIP period.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Increased knowledge of parents' role in child development including growth in the child's communication, gross/fine motor skills, and problem solving and personal-social skills.	85% of parents show increase in active engagement with child.	Individual Interviews, Progress Reports, Participation counts monitored by county	Quarterly
Increased confidence and self esteem, including empowerment to share knowledge with peers.	85% of parents show increase in socialization and access to formal and informal resources available.	Individual Interviews, Progress Reports	Quarterly

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Individual Interviews	Quarterly	Progress on individual needs and goals reviewed with each student in person	Reviewed by Principal, Monitored by county on bi-annual site visits

THE CHILDREN'S RECOVERY AND FAMILY EDUCATION PROJECT

Line 2 on Expenditure Workbook

SERVICE PROVIDER

Ujima Family Recovery Services

PROGRAM DESCRIPTION

The project promotes healthier patterns of behavior by providing supportive services to children ages 6 to 16 that are affected by parental substance abuse issues, and services to their families, including foster and kinship families. The program uses a family-centered, counseling-integrated approach to stabilize families by addressing co-occurring family violence issues, dating/peer violence and the effects of bullying, raise awareness of the effects of addiction and family violence on children and break the generational cycles of violence and substance abuse.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Parent education and support, domestic violence services, counseling services, behavioral and mental health services
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): County Children's Trust	Raising awareness of the effects of addiction

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Domestic violence, alcohol and other drug recovery. (CSA pages 11 ,43, 252)

TARGET POPULATION

Children who are high risk, minority populations.

TARGET GEOGRAPHIC AREA

Countywide.

TIMELINE

July 2015 through June 2017 with an RFP in the spring of 2017. Services likely to continue throughout the SIP period.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Build resilience in children with substance abusing parents by addressing co-occurring family violence issues, dating/peer violence and the effects of bullying. Education and support to children.	85% of the children of alcoholics/addicts who are in Kids' Groups will receive age-appropriate alcohol and drug education and recovery support in order to sufficiently intervene and diminish the impact of parental substance abuse and violence in their lives.	Pre and post surveys and interviews.	At program entry and exit.
Work with family members to reduce violence in the home and their lives by increasing their awareness of the effects of addiction and violence on children.	85% of the family members who have completed a monthly Family Violence Prevention workshop will show measurable improvement in understanding the effects of addiction and violence on children.	Pre and post surveys and interviews.	At program entry and exit.

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Kidpower curriculum survey	Pre and post	Surveys reviewed and discussed in counseling or group sessions	Concept reinforcement, goal setting

Expect Respect curriculum survey	Pre and post	Surveys reviewed and discussed in counseling or group sessions	Concept reinforcement, goal setting

ARC (Attachment, Self-Regulation and Competency) Project

Line 3 on Expenditure Workbook

Service Provider

YMCA of the East Bay

Program Description

The ARC (Attachment, Self-Regulation and Competency) Project, in partnership with Bay Area Community Resources, will provide mental health counseling services to elementary school students at Lake and Downer Elementary Schools in San Pablo, CA who do not qualify for MediCal and their parents/guardians. Through the provision of direct services and advocacy in English and Spanish the Contractor will provide caregivers with support and information to help them with positive, nurturing parenting; provide students with trauma-informed counseling to improve resiliency and emotional and behavioral health; reduce barriers to treatment by offering services at schools, during after school hours and at home; decrease the risk of abuse and neglect among traumatized students and provide services that are culturally and linguistically appropriate. Services will include but are not limited to: home visiting, emotional support, resource coordination, and education.

Funding Sources

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Parent education and support, counseling services
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	

Identify Priority Need Outlined in CSA

Support to families with mental health needs (CSA pages 8, 10,12,57,59, 60, 157, 185, 252)

Target Population

Children who are high risk, minority populations, mono-lingual Spanish speakers.

Target Geographic Area

San Pablo, CA

TIMELINE

July 2015 through June 2017 with an RFP in the spring of 2017. Services likely to continue throughout the SIP period.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Youth in the program will experience an increase in measured resiliency factors, such as connection to positive peers & adults, greater control in life, and increased sense of connection to and safety within their community, school, and family.	80% of youth report an increase in risk avoidance, protective and resiliency factors.	Survey questionnaire	Completed by participants at program exit
Parents/guardians will feel more connected to their child, and will see an improvement in their child's risk avoidance, protective & resiliency factors.	70% of parents report a positive connection to child and perception their child has made improvement in measured assets.	Survey questionnaire	Post services
Parents will feel supported by the clinicians, and will be better connected to services and resources.	70% of parents report a positive and supportive experience with clinicians, and report improvement in connection to services and resources.	Survey questionnaire	Post services
Parents/guardians will have the knowledge, skills and strategies to be effective parents.	80% of families report they have gained or improved the knowledge, skills and	Survey questionnaire	Post services

	strategies to be effective parents.		
Families will have the communication and conflict resolution skills necessary to create positive, safe families.	80% of family's report they have gained or improved their own and family's ability to resolve conflicts and communicate in a positive, safe manner.	Survey questionnaire	Post services
Reduction of internal and external parental/family stressors that interfere with healthy family functioning.	70% of families report a reduction in at least 50% of their internal and/or external stressors that interfere with healthy family functioning.	Survey questionnaire	Post services

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Survey questionnaire	Post only survey questionnaire completed by participants at program exit	Surveys reviewed by provider/program staff	Program assessment and adjustments made by provider/program staff based on survey results. Bi-annual monitoring visits and program assessment by county staff.

STRENGTHENING VULNERABLE FAMILIES – SUPPORTIVE SERVICES

Line 4 on Expenditure Workbook

SERVICE PROVIDER

Contra Costa Interfaith Housing

PROGRAM DESCRIPTION

The Strengthening Vulnerable Families program provides family-centered, culturally appropriate, evidence-based and trauma-informed services in three main categories to formerly homeless and low-income children and their families in their homes or on-site at the supportive housing apartment complexes. The categories of services are: mental health support, parenting and life skills education, and youth enrichment & afterschool academic support.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	Parent education and support, counseling services, mental health services
CBCAP	
PSSF Family Preservation	Basic needs, concrete supports, youth programs
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Housing support for families (CSA Parent Stakeholder survey) (CSA pages 10, 12, 13, 23, 35, 57, 59, 128, 147, 225, 227, 251)

TARGET POPULATION

Formerly homeless and low-income children and their families.

TARGET GEOGRAPHIC AREA

Garden Park Apartments in the Monument Corridor of Pleasant Hill, CA; Lakeside Apartments in the Monument Corridor of Concord, CA; Bella Monte Apartments in Bay Point, CA; and Los Medanos Village in Pittsburg, CA

TIMELINE

July 2015 through June 2017 with an RFP in the spring of 2017. Services likely to continue throughout the SIP period.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Parents will experience an increased sense of mastery and lowered stress levels due to improved self-sufficiency as reported on the Self Sufficiency Matrix , and as reported on progress with family-set goals.	At least 75% of the tenant families served will achieve at least one of their family-set goals.	Survey questionnaire as documented by self-reporting and case notes.	Completed by participants at program entry and exit
Youth will experience an increased sense of confidence and mastery in school work and social skills.	At least 75% of youth who are supported by the Homework Club will demonstrate greater mastery of at least one academic benchmark for K-5 youth.	Survey questionnaire as determined by school report cards and benchmarks/academic goals set in collaboration with their teachers and in relation to the California State Standards for their grade	Completed by participants at program entry and exit
Parents/guardians will have the knowledge, skills and strategies to be effective parents.	At least 80% of the families who participate in the parenting support groups will demonstrate improved parenting skills and increased nurturing skills.	Survey questionnaire as evidenced by post-tests, self reporting and staff observation.	Completed by participants at program entry and exit
Youth will experience an increased sense of confidence and mastery in school work	At least 75% of teen club participants will show improvement in at least one area of their	Survey questionnaire - using a standardized self-esteem evaluation tool called the Piers-Harris test to assess	Completed by participants at program entry and exit

and social skills.	self-concept.	progress. This is a self-report tool that is evidence-based and reliable and has categories of academic status, behavioral adjustment and social success.	

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Self Sufficiency Matrix questionnaire	Completed by participants at program entry and exit	Surveys reviewed and discussed in counseling or group sessions and reviewed by staff	Concept reinforcement, goal setting, program assessment
Family-set goals	Completed by participants at program entry	Surveys reviewed and discussed in counseling or group sessions	Concept reinforcement, goal setting, program assessment

After-School Programs – Ambrose Teen Center and Greater Coronado All That Collaborative

Lines 5 and 6 on Expenditure Workbook

Service Provider

Ambrose Recreation and Parks District and YMCA of the East Bay

Program Description

These programs provide afterschool programs every school day with a variety of age and culturally appropriate activities, including but not limited to homework assistance, silent or group reading, computer class, arts and crafts, spirit leading, outdoor education, nutrition workshops, cooking workshops, Yoga, book clubs, Youth on Course Golf Program, leadership opportunities, structured recreation activities and self esteem building activities.

Funding Sources

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	Youth programs, counseling
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s): State Family Preservation	Counseling, family support

Identify Priority Need Outlined in CSA

Afterschool program (CSA pages 39, 51, 54, 60, 128, 130, 252)

Target Population

Low income youth and their families.

Target Geographic Area

Bay Point and Richmond, CA.

Timeline

July 2015 through June 2017 with an RFP in the spring of 2017. Services likely to continue throughout the SIP period.

Evaluation

Program Outcome(s) and measurement & Quality Assurance (QA) Monitoring

Desired Outcome	Indicator	Source of Measure	Frequency
Increased knowledge of communication skills, problem solving and personal-social skills for youth.	Ninety percent (90%) of after school and day camp participants will be able to safely work through conflicts with their peers.	Pre and post testing.	Quarterly
Increased confidence and self esteem for youth.	Eighty percent (80%) of parents will report that their child feels more confident in his/her abilities and feels safe in their after school or day camp program.	Parent and participant surveys.	Quarterly

Client Satisfaction

Method or Tool	Frequency	Utilization	Action
Individual Interviews	Monthly	Progress reviewed with each student in person	Individual needs and goals assessed and modified as needed.
Parent and participant surveys.	Quarterly	Responses reviewed as received	Feedback reviewed and considered by staff to improve ongoing operations.

PARENTING CLASSES

Lines 7 and 8 on Expenditure Workbook

SERVICE PROVIDER

Counseling Options & Parent Education, Inc. (COPE) and STAND! for Families Free of Violence (STAND!)

PROGRAM DESCRIPTION

Triple P Positive Parenting Levels 4 and 5 in English, Spanish and Arabic, Triple P support groups, Supporting Fatherhood Involvement parenting classes (all provided by COPE) and Nurturing Parents parenting classes (provided by STAND!) in English and Spanish. The overall Triple P program is a multi-tiered system of 5 levels of education and support for parents and caregivers of children and adolescents. Triple P helps parents learn strategies that promote social competence and self-regulation in children. Supporting Fatherhood Involvement (SFI) is a preventive intervention designed to enhance fathers' positive involvement with their children. The curriculum is based on an empirically-validated family risk model. The Nurturing Parenting curriculum is designed to build nurturing parenting skills that break the intergenerational cycle of child maltreatment and dysfunction. The program provides support and resources for parents.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	Parenting education
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	
OTHER Source(s):	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Evidence based parenting classes to support families with children with special needs (CSA pages 29, 32, 57, 60, 128, 225, 252, 254)

TARGET POPULATION

At risk families. Monolingual Spanish and Arabic speaking families. Low income families.

TARGET GEOGRAPHIC AREA

Antioch, Concord, Bay Point and Richmond, CA.

TIMELINE

July 2015 through June 2017 with an RFP in the spring of 2017. Services likely to continue throughout the SIP period.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Increased parenting skills.	Ninety percent (90%) of parents attending Triple P or SFI parenting classes will improve their parenting skills, including a reduction in dysfunctional discipline practices and an increase in parent's sense of confidence.	Pre and post testing.	Quarterly Weekly
Increased knowledge of child development and needs.	Eighty percent (80%) of parents attending Nurturing Parenting classes will demonstrate a stronger understanding of the dynamics of healthy relationships and increased knowledge of the emotional and cognitive effects on children who witness violence.	Parent and participant surveys.	Quarterly Weekly

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Adult Adolescent Parenting Inventory	Pre and post Nurturing Parenting services.	Surveys reviewed after each session.	Effectiveness of program evaluated.
Parent and participant surveys.	Pre and post Triple P and SFI services.	Surveys reviewed after each session.	Effectiveness of program evaluated.

COMMUNITY BASED SUPERVISED VISITATION

Line 9 on Expenditure Workbook

SERVICE PROVIDER

EMQ Families First

PROGRAM DESCRIPTION

This program provides a safe, comfortable and accessible environment in which supervised visits can take place between children and families **at their designated locations or in the community**. Priority goes to families in Family Reunification. Community based visitation offers availability of frequent visits with flexible scheduling opportunities outside of the normal workday hours, such as late afternoon, evenings and weekends.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	Parent visitation
PSSF Adoption Promotion and Support	
OTHER Source(s): State Family Preservation	Family reunification, parenting

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Service for families to support timely family reunification. Foster healthy supportive relationship between parents and children. (CSA pages 9, 12, 116, 146, 167, 215)

TARGET POPULATION

Children and families involved with Children and Family Services.

TARGET GEOGRAPHIC AREA

Countywide.

TIMELINE

July 2015 through June 2017 with an RFP in the spring of 2017. Services likely to continue throughout the SIP period.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Safe and timely reunification.	Eighty percent (80%) of visiting families will transition to less restrictive visits with the goal of reunifying.	Observation sheets and recommendations to court.	After each supervised visit.

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Observation sheet.	After each supervised visit.	Observation notes reviewed by CFS staff and court.	Recommendations to court for reunification of families.

REACH AND POST ADOPTIONS EDUCATION LIAISON

Lines 10 and 11 on Expenditure Workbook

SERVICE PROVIDER

AspiraNet and Stephanie Scholer

PROGRAM DESCRIPTION

REACH Contra Costa (**Reach**ing Out to Assist Post-Adoption Families by Providing: **R**esources**, E**ducation**, A**dvocacy**, C**risis Counseling, and **H**ope – **REACH**) provides comprehensive, no-cost, pre and post adoption outreach and advocacy, information and referral, crisis intervention, case management, and socialization services to families in Contra Costa County who have adopted or are adopting. The Post Adoptions Educational Liaison is knowledgeable of the education system and the dynamics of adoptive families and works closely with the County's Adoptions Unit to improve educational accomplishments and opportunities for children who have been adopted or are in the process of being adopted through the Contra Costa County Employment and Human Services Department.

FUNDING SOURCES

SOURCE	LIST FUNDED ACTIVITIES
CAPIT	
CBCAP	
PSSF Family Preservation	
PSSF Family Support	
PSSF Time-Limited Family Reunification	
PSSF Adoption Promotion and Support	Basic needs, concrete supports, case management
OTHER Source(s):	

IDENTIFY PRIORITY NEED OUTLINED IN CSA

Support to families with children with special needs (CSA Stakeholder and parent survey) (CSA pages 29, 32, 57, 60, 128, 225, 252, 254)

Support for families with children with mental health needs (CSA Stakeholder survey) (CSA pages 8, 10, 12, 57, 59, 60, 157, 185, 252)

TARGET POPULATION

Families who have adopted or are adopting.

TARGET GEOGRAPHIC AREA

Countywide.

TIMELINE

July 2015 through June 2017 with an RFP in the spring of 2017. Services likely to continue throughout the SIP period.

EVALUATION

PROGRAM OUTCOME(S) AND MEASUREMENT & QUALITY ASSURANCE (QA) MONITORING

Desired Outcome	Indicator	Source of Measure	Frequency
Increased knowledge of child development and needs.	Ninety percent (90%) of families receiving adoption education will show improvement in knowledge of the adoption-related topic.	Pre and post surveys.	Completed by participants at program entry and exit.
Increased family stability.	Eighty percent (80%) of families receiving adoption support and/or crisis intervention services will show improvement in stability and safety.	Periodic satisfaction surveys. Individualized support plans.	Completed by participants at program entry and exit and reviewed as needed throughout program involvement.

CLIENT SATISFACTION

Method or Tool	Frequency	Utilization	Action
Parent and participant surveys.	Pre and post services.	Surveys reviewed after completion.	Effectiveness of program evaluated.

CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

Appendix 3

(1) DATE SUBMITTED:
(2) DATES FOR THIS WORKBOOK: 7/1/15 thru 6/30/16
(3) DATE APPROVED BY OCAP: Internal Use Only
(4) COUNTY: Contra Costa
(5) PERIOD OF SIP: 1/2/16 thru 1/1/21
(6) YEARS: 5

(7) ALLOCATION (Use the latest Fiscal or All County Information Notice for Allocation): CAPIT: $ 319,489 CBCAP: $41,869 PSSF: $631,189

No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	CAPIT: Dollar amount to be spent on CAPIT Programs	CAPIT: CAPIT is used for Administration	CBCAP: Dollar amount to be spent on CBCAP Programs	CBCAP: CBCAP is used for Administration	PSSF: Dollar amount to be spent on Family Preservation	PSSF: Dollar amount to be spent on Family Support	PSSF: Dollar amount to be spent on Time-Limited Reunification	PSSF: Dollar amount to be spent on Adoption Promotion & Support	PSSF: Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)	PSSF: PSSF is used for Administration	OTHER SOURCES: Dollar amount from other sources	NAME OF OTHER: List the name(s) of the other funding source(s)	TOTAL: Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
1	Crossroads High School	Parent Leadership	Mt. Diablo Unified School District		$37,570		$42,000		$0	$0	$0	$0	$0		$0		$79,570
2	The Children's Recovery and Family Education Project		Ujima Family Recovery Services		$70,000		$0		$0	$0	$0	$0	$0		$10,000	County Children's Trust	$80,000
3	ARC (Attachment, Self-Regulation and Competency framework)		YMCA of the East Bay		$100,000		$0		$0	$0	$0	$0	$0		$0		$100,000
4	Strengthening Vulnerable Families		Contra Costa Interfaith Housing		$80,000		$0		$86,392	$0	$0	$0	$86,392		$0		$166,392
5	Ambrose Teen Center		Ambrose Recreation and Parks District		$0		$0		$71,367	$0	$0	$0	$71,367		$0		$71,367
6	Greater Coronado All That Family Preservation Collaborative		YMCA of the East Bay		$0		$0		$17,275	$0	$0	$0	$17,275		$67,725	State Family Preservation	$85,000
7	Parenting Classes - Triple P and SFI		Counseling Options & Parent Education, Inc.		$0		$0		$0	$82,746	$0	$0	$82,746		$0		$82,746
8	Parenting Classes - Nurturing Parent Program		STAND! For Families Free of Violence		$0		$0		$0	$78,046	$0	$0	$78,046		$0		$78,046
9	Supervised Visitation		EMQ Families First		$0		$0		$0	$0	$135,000	$0	$135,000		$15,000	State Family Preservation	$150,000
10	REACH		Aspiranet		$0		$0		$0	$0	$0	$115,367	$115,367		$0		$115,367
11	Post-Adoption Education Liaison		Stephanie Scholer		$0		$0		$0	$0	$0	$44,996	$44,996		$0		$44,996

Rev. 9/2013

CAPIT/CBCAP/PSSF Expenditure Workbook
Proposed Expenditures
Worksheet 1

Appendix 3

No.	Program Name	Applies to CBCAP Programs Only	Name of Service Provider	Service Provider is Unknown, Date Revised Workbook to be Submitted to OCAP	CAPIT: Dollar amount to be spent on CAPIT Programs	CAPIT: CAPIT is used for Administration	CBCAP: Dollar amount to be spent on CBCAP Programs	CBCAP: CBCAP is used for Administration	PSSF: Dollar amount to be spent on Family Preservation	PSSF: Dollar amount to be spent on Family Support	PSSF: Dollar amount to be spent on Time-Limited Reunification	PSSF: Dollar amount to be spent on Adoption Promotion & Support	PSSF: Dollar amount of PSSF allocation to be spent on PSSF activities (Sum of columns G1-G4)	PSSF: PSSF is used for Administration	OTHER SOURCES: Dollar amount from other sources	NAME OF OTHER: List the name(s) of the other funding source(s)	TOTAL: Total dollar amount to be spent on this Program (Sum of Columns E, F, G5)
A	B	C	D1	D2	E1	E2	F1	F2	G1	G2	G3	G4	G5	G6	H1	H2	I
12					$0		$0		$0	$0	$0	$0	$0		$0		$0
13					$0		$0		$0	$0	$0	$0	$0		$0		$0
14					$0		$0		$0	$0	$0	$0	$0		$0		$0
15					$0		$0		$0	$0	$0	$0	$0		$0		$0
	Totals				$287,570		$42,000		$175,034	$160,792	$135,000	$160,363	$631,189		$92,725		$1,053,484
									28%	25%	21%	25%	100%				

Rev. 9/2013

CAPIT/CBCAP/PSSF Expenditure Workbook
CBCAP Programs
Worksheet 2

Appendix X

(1) COUNTY: Contra Costa (2) YEARS: 5

No.	Program Name	Logic Model			EBP/EIP ONLY						Parent Involvement Activities		
					EBP/EIP Level As determined by the EBP/EIP Checklist								
		Logic Model Not Applicable	Logic Model Exists	Logic Model Will be Developed	Program Lacking support (Level 0)	Emerging & Evidence Informed Programs & Practices (Level 1)	Promising Programs & Practices (Level 2)	Supported (Level 3)	Well Supported (Level 4)	EBP/EIP Checklist is on file or N/A	Planning	Implementation	Evaluation
A	B	C1	C2	C3	D1	D2	D3	D4	D5	D6	E1	E2	E3
1	Crossroads High School	X			X								

Rev. 8/2013

Page 1 of 1

APPENDIX 4: NOTICE OF INTENT

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

BOS NOTICE OF INTENT

THIS FORM SERVES AS NOTIFICATION OF THE COUNTY'S INTENT TO MEET ASSURANCES FOR THE CAPIT/CBCAP/PSSF PROGRAMS.

CAPIT/CBCAP/PSSF PROGRAM FUNDING ASSURANCES FOR CONTRA COSTA COUNTY

PERIOD OF PLAN 01/02/2016 THROUGH 01/02/2021

DESIGNATION OF ADMINISTRATION OF FUNDS

The County Board of Supervisors designates Contra Costa County Children & Family Services as the public agency to administer CAPIT and CBCAP.

W&I Code Section 16602 (b) requires that the local Welfare Department administer the PSSF funds. The County Board of Supervisors designates Contra Costa County Children & Family Services as the local welfare department to administer PSSF.

FUNDING ASSURANCES

The undersigned assures that the Child Abuse Prevention, Intervention and Treatment (CAPIT), Community Based Child Abuse Prevention (CBCAP), and Promoting Safe and Stable Families (PSSF) funds will be used as outlined in state and federal statute[1]:

- Funding will be used to supplement, but not supplant, existing child welfare services;
- Funds will be expended by the county in a manner that will maximize eligibility for federal financial participation;
- The designated public agency to administer the CAPIT/CBCAP/PSSF funds will provide to the OCAP all information necessary to meet federal reporting mandates;
- Approval will be obtained from the California Department of Social Services (CDSS), Office of Child Abuse Prevention (OCAP) prior to modifying the service provision plan for CAPIT, CBCAP and/or PSSF funds to avoid any potential disallowances;
- Compliance with federal requirements to ensure that anyone who has or will be awarded funds has not been excluded from receiving Federal contracts, certain subcontracts, certain Federal financial and nonfinancial assistance or benefits as specified at http://www.epls.gov/.

In order to continue to receive funding, please sign and return the Notice of Intent with the County's System Improvement Plan to:

California Department of Social Services
Office of Child Abuse Prevention
744 P Street, MS 8-11-82
Sacramento, California 95814

County Board of Supervisors Authorized Signature	Date
Print Name	Title